

**IIT Chicago-Kent College of Law**  
**Financial Aid Request Form For Visiting Another Law School**  
*Note: Please print and complete all required information on this form.*  
*Incomplete and/or illegible applications will result in processing delays.*

Name: \_\_\_\_\_

Banner ID # \_\_\_\_\_

\_\_\_\_\_  
Visiting Law School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Name of Program:

**CHECKLIST:**

1. Turn in Application to Visit Away
2. Turn in this form (Financial Aid Request Form)
3. Financial Aid Office sends Consortium Agreement to Visiting School
4. Student Notified to Accept Financial Aid Award
5. Financial Aid Office sends Enrollment Verification to Visiting School 2 weeks before program starts
6. Loan funds disbursed to student account 10 days before program starts
7. Loan funds are processed as a refund directly to student (contact Student Accounting for more details)
8. Visiting School promptly sends transcripts to C-Kent

I will be visiting for the following semester(s):

Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

**Required Visiting School Information**

Financial Aid Contact Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Registrar Contact Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Please Read Certification Statements Below Before Signing:**

**The student agrees to the following:**

1. I will file a FAFSA and complete the required financial aid process prior to all applicable deadlines.
2. I am enrolled in a degree, certificate, or other recognized credential program at Chicago-Kent, and will be enrolled in the approved visiting away program at the school named above for the semester(s) specified.
3. I will maintain satisfactory academic progress.
4. I will take courses at the visiting school which are transferable to my Chicago-Kent degree as certified by the Dean.
5. I will immediately inform Chicago-Kent and the visiting school of any changes in enrollment status, including withdrawing from all courses or substitution of approved courses, and I agree to immediately return the full amount of the loan to the school for reimbursement of my account, if applicable. If I fail to return my ineligible funds, I realize that I will cancel my eligibility for future financial aid, and may incur a balance due.
6. I will ensure that the Visiting School provides Chicago-Kent with an academic transcript upon completion of the visiting away period.
7. If my grades are not received before the next semester starts, my financial aid for next semester may be held.
8. I will pay tuition, fees, and other expenses as charged by Chicago-Kent and/or the Visiting School.
9. I will be enrolled at least-half time in courses that count toward the 87 credits required for graduation.  
I understand that any credits taken above 87 credits required for graduation are not eligible for federal financial aid.

Please allow at least 5-6 weeks for processing. For refund information please contact the Student Accounting Office.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_