Hamline University School of Law **Office of the Registrar**	**Petition to Visit Away**

Student ID	Last name	First name
L1 ____ L2 ____ L3 ____ L4_____	Visiting away period ☐ Fall ☐ J-term ☐ Spring ☐ Summer Year 20__ __	

School	Attention
Address	City, State, Zip

We will mail a letter granting permission to the above address.
Please indicate which of the following should also be sent:
☐ Letter of good standing with GPA ☐ LSAT score ☐ Transcript

Please list the courses you are requesting to take and attach course descriptions. Enter the Hamline equivalent if you are attempting to fulfill a course requirement during your visiting away period.

Course Title	Credits	Hamline Equivalent if Applicable	Credits

HUSL will accept coursework from the above listed visiting school as transfer credit(s) if:

- The course(s) and credit(s) exactly match the course(s) and credit(s) in the pre-approved list above. Subsequent request(s) for change(s) to the pre-approved course(s) and/or credit(s) must be in writing.
- The grade for each course is 2.000 or higher on a 4.000 scale or its equivalent. Coursework graded Pass/Fail, Credit/No Credit, Pass/No Pass, etc., will not transfer.
- **You** request and HUSL receives an official transcript of the coursework directly from the visited school.

I authorize HUSL Office of the Registrar to bill my student account $50 for the Visit Away fee. Initial _____

Signature	Date

FOR OFFICE OF THE REGISTRAR USE ONLY Please attach transcript.	Graduation Date:

Cum. GPA	Previous transfer credits	Holds ☐ Yes ☐ No	If yes, student contacted
Last semester ☐ Yes ☐ No	ABA approved ☐ Yes ☐ No	Verify that courses are offered in normal grading mode.	

Dean or Associate Dean for Academic Affairs

Eligible ☐ Yes ☐ No	If no, reason		
Name	Signature		Date
OTR: Letter mailed	Date	Copy to student	Date
Copy to financial aid	Date	Banner updated	Date
Account Billed (code LVAF) ☐ TSAAREV ☐ TGACREV		By	Date

HAMLINE UNIVERSITY

Hamline University – Office of Financial Aid
1536 Hewitt Ave MS-C1915
St Paul, MN 55104 finaid@hamline.edu
651-523-3000 or 800-888-2182 Fax: 651-523-2585

CONSORTIUM AGREEMENT

Section I. To be completed by the student

Name of Student: _____ HU ID: _____

Telephone Number: _____ E-Mail Address: _____

I am requesting that a Consortium Agreement be implemented between Hamline University (Home School) and _____ _____ (Host School) regarding the _____ term for the purpose of providing Federal Title IV financial aid and other funds as applicable.

By signing this consortium agreement, I (the student) agree:

- I have been approved by the Office of the Registrar to take course(s) at the Host Institution.
- I will submit an official transcript to Hamline University School of Law Registrar's Office confirming completion of courses for the term attended.
- To notify the Financial Aid Office at Hamline University of any change in my enrollment status at either institution.
- Authorize the Host Institution to release any required information to finalize my financial aid at the Home School.
- I take responsibility for payment arrangements at the Host School.
- I will have all of my financial aid processed only at Hamline University
- At the end of the term, if my credits are not transferred immediately back to Hamline University, I will be obligated to repay the financial aid I received for the term.
- The consortium credits will be included in Satisfactory Academic Progress (SAP) Review.

Student Signature: _____ **Date**:_____

Section II: To be completed by the Host School (Visiting Institution)

Cost of Attendance

Tuition & Fees: $_____

Room & Board: $_____

Transportation: $_____

Other (specify) $_____

Total: $_____

Enrollment Verification

Name of Host Institution: _____

Enrollment Period: From: _____ To: _____

Semester: _____

Number of Credits per Semester: _____

CERTIFICATION:

- The host school certifies that the student has been accepted for enrollment and that the program meets the federal requirements for aid.
- The host school agrees to notify Hamline University if the student fails to enroll at least half time or withdraws from the program.
- The host school agrees not to provide financial assistance to the above named student for the term specified.
- Hamline University agrees to provide financial assistance to the above named student for the term specified.

On Behalf of Host School: **Date:**_____

_____

Signature Name and Title Email/Telephone

On Behalf of Hamline University:

_____

Signature Name and Title Email/Telephone