The Student Financial Services Office at HARVARD LAW SCHOOL (home campus) and the Financial Aid and Registrar’s Offices at ______________________________ (visiting campus), enter into agreement for purposes of promoting exchange of information and a clarification of financial aid funding for: Student_________________________________________________ during the ______________________ academic year, which commences on __________ and ends on __________. This agreement confirms the designations indicated above of which campus is to be considered “Home” (where student intends to graduate) and which shall be considered “Visiting.”

Upon the request of the student, the Financial Aid Office at the visiting campus agrees to furnish Student Financial Services at the home campus the costs of tuition, books, fees, room, board, personal expenses, and transportation for the student for the period of attendance at the visiting campus. The visiting campus Financial Aid Office further agrees not to aid the student.

The Registrar’s Office at the visiting campus agrees to furnish Student Financial Services at the home campus the total number of credits for which the student has enrolled. The Registrar’s Office at the visiting campus also agrees to forward the student’s final grades to the Registrar at the home campus. Furthermore, the visiting campus Registrar’s Office agrees to inform the home campus of the student’s date of withdrawal (if applicable) and any tuition/housing refunds or fees due to the student because of any such withdrawal.

Signed by Representatives of Each Office

Harvard Law School Student Financial Services

Name Anthony Curcio
Title Assoc. Dir. Student Financial Services
Visiting Campus Financial Aid Office
Name _________________________
Title __________________________
Signature ______________________
Date ____________________________

Visiting Campus Registrar’s Office
Name _________________________
Title __________________________
Signature ______________________
Date ____________________________
VISITING STUDENT REQUEST FOR TRANSFER OF INFORMATION TO HOME CAMPUS STUDENT FINANCIAL SERVICES DIRECTOR FOR FINANCIAL AID

(Have this form completed by the Financial Aid Office at the campus you are visiting)

To be completed by the student: I hereby request that information regarding my enrollment and costs of education for the _____________ session (period of attendance), which commences on ___________ and ends on ___________, be sent to the Student Financial Services at the home campus, ______________________________.

Student’s Signature:___________________________ Print Name: ________________________
HUID#:___________________ Date:_______________________

To be completed by visiting campus Financial Aid: This is to verify that as of this date, _____ the above student has registered for _____ credits for the session indicated as a visiting student (guest matriculant). The student’s costs for this session are calculated as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>______________________</td>
</tr>
<tr>
<td>Fees (if any)</td>
<td>______________________</td>
</tr>
<tr>
<td>Break down of fees:</td>
<td>Type               Cost</td>
</tr>
<tr>
<td></td>
<td>Type               Cost</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Misc/Personal</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Other Expense</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>______________________</td>
</tr>
</tbody>
</table>

How much will the student owe the Visiting institution per semester? ______________________
To whom should the check be made payable? ____________________________________________
On what dates are the payments due? Semester I ______________ Semester II ______________
To what address should the checks be sent each semester? _______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Additional Comments may be written below, if necessary. ________________________________
______________________________________________________________________________
______________________________________________________________________________

SIGNED BY AN AUTHORIZED FINANCIAL AID OFFICER AT THE VISITING CAMPUS:

Signature_______________________ Printed Name_____________________ DATE________

Please sign and return to: Student Financial Services, Harvard Law School,
1585 Massachusetts Avenue, Wasserstein Hall 5027, Cambridge, MA 02138
Phone (617) 495-4606 Email sfs@law.harvard.edu FAX: (617) 496-5453