

**VILLANOVA UNIVERSITY SCHOOL OF LAW  
VISITING STUDENT INFORMATION FORM**

**Please remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.**

Fax: 610-519-6597 OR Scan and Email: [finaid@law.villanova.edu](mailto:finaid@law.villanova.edu) OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: \_\_\_\_\_ Banner ID#: \_\_\_\_\_

**HOST SCHOOL INFORMATION:**

Host School Name: \_\_\_\_\_

Visiting Terms: ☐ Summer 20\_\_ ☐ Fall 20\_\_ ☐ Spring 20\_\_

**Contact person at host school who will be responsible for completing the Consortium Agreement:**

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

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Student acknowledges that all student loan funds will be disbursed first to Villanova Law School and that Villanova Law School will forward the refund check directly to the host school. The host school will refund any funds over and above the cost of their tuition and fees directly to the student on behalf of Villanova Law School to be used for living expenses.**

**Student also acknowledges that he/she understands that extra processing time may be required to process study abroad funds and will be prepared to cover any advance costs and expenses in the event loan funds are delayed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_