

## Visiting Student Agreement

**HOME SCHOOL**

University of California Davis School of Law  
400 Mrak Hall Drive  
Davis, CA 95616-5201  
Office (530) 752-6573  
Fax (530) 752-6125  
[lawfinaid@ucdavis.edu](mailto:lawfinaid@ucdavis.edu)

**HOST SCHOOL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name

Social Security Number

Address

City/State

Zip

Phone Number

E-mail address: \_\_\_\_\_

**HOST SCHOOL SECTION:****Program Specifics:**

Dates of enrollment: \_\_\_\_\_ Number of units: \_\_\_\_\_

Enrollment status:  Full-time  Half-time  Other \_\_\_\_\_

## Estimated Costs:

Tuition/Fees: \_\_\_\_\_  
Room & Board: \_\_\_\_\_  
Books & Supplies: \_\_\_\_\_  
Travel: \_\_\_\_\_  
Personal: \_\_\_\_\_  
Other\*: \_\_\_\_\_  
TOTAL \_\_\_\_\_

\*(Specify) \_\_\_\_\_

**School Certification:**

The purpose of this agreement is to enable the above-named degree seeking student to participate in loan programs only. The loan(s) will be processed by the University of California, Davis School of Law and not the Host School. The Host School will not provide any financial assistance to the above-named student.

The Host School will notify UC Davis School of Law if the student changes his/her enrollment status or withdraws from the program.

*Representing the Host School* ( \_\_\_\_\_ )

Signature

Printed name &amp; Title

Date

Phone #

*Representing UC Davis School of Law*

***Robyn Reid*****Assistant Director of Financial Aid****530-752-6573**