



The Florida State University
Office of Financial Aid
Tallahassee, FL 32306-2430
www.finaid.fsu.edu

CONSORTIUM / CONTRACT

STUDENT SECTION

Student Name: _____ FSUSN #: _____

Term you will be transient: Fall _____ Spring _____ Summer _____ Academic Year _____

Student Phone # _____ School you will attend: _____

Current Email _____

- **You are responsible for paying tuition and fees to the Host Institution, if payable prior to the disbursement of your financial aid. You will also need to be prepared to pay for books and other expenses prior to your financial aid disbursement.**
- You must be a degree seeking student at FSU and meet all of the eligibility requirements for approval for transient study, as determined by the Office of the Registrar.
- You must be registered for the approved courses appearing on the Transient Student Form.
- You must be enrolled in 6 credit hours.
- Summer semester students must have a completed financial aid summer application on file with the Florida State University Office of Financial Aid. **Summer awarding will not occur until we have received the Consortium Contract from the Host school.**
- You may be required to repay certain financial aid awards should you drop or withdraw from any classes after financial aid disbursement.

HOST SCHOOL - SECTION BELOW TO BE COMPLETED BY HOST INSTITUTION ONLY

- The host institution will not provide financial aid to the student for the period of enrollment indicated below.
- The host institution agrees to notify Florida State University if the student ceases enrollment prior to the end of the term(s) indicated or drops below 6 credit hours.

The period of enrollment commences on _____ and ends on _____

Credit hours enrolled this term _____	Tuition/fee cost per credit hour _____
Tuition/Fees _____	Lab Fees _____
Room and Board _____	Personal _____
Books & Supplies _____	Other Fees _____
Transportation _____	TOTAL COST \$ _____

Home Institution	Host Institution
Florida State University	
Name of Home School	Name of Host School
Financial Aid Office Contact: Printed Name/Title	Financial Aid Office Contact: Printed Name/Title
Financial Aid Office Authorized Signature	Financial Aid Office Authorized Signature
Date	Date
Please return completed Agreement to: Florida State University Office of Financial Aid Fax: 850-644-6404 Phone: 850-644-5716	Address
	City State Zip
	Phone/ Fax