Law Consortium / Contract

STUDENT SECTION

Student Name: ____________________________  Current Email: ____________________________

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

Student Phone # ________________________  Host Institution: ____________________________

- 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 also submit a permission letter from your Dean’s Office indicating the courses you are requesting to take.
- You must be enrolled in 6 credit hours.
- 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 ______________

Florida State University

Financial Aid Office Authorized Signature ____________________________

Gail Rogers, Financial Specialist ____________________________

Printed Name and Title ____________________________

Date ____________________________

Home Institution – Please return the Consortium Agreement to:

Florida State University
Office of Financial Aid
Fax (850) 644-6404

Authorized Signature ____________________________

Printed Name and Title ____________________________

Date ____________________________

Florida State University’s Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm