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

Financial Aid Office Contact: Printed Name/Title

Financial Aid Office Authorized Signature

Date

Please return completed Agreement to:
Florida State University
Office of Financial Aid
Fax: 850-644-6404
Phone: 850-644-5716

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