



Name _____

Empl ID _____

Date _____

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 \$** _____

Home Institution

Host Institution

Florida State University

 Name of Host School

 Financial Aid Office Authorized Signature

 Fax Number Telephone Number

Gail Rogers, Financial Specialist
 Printed Name and Title

 Address

 Date

 City State Zip

Host Institution – Please return the Consortium Agreement to:

 Printed Name and Title

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

 Authorized Signature Date