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.

- 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

Florida State University

Host Institution

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

Address

Fax: 850-644-6404

City        State        Zip

Phone: 850-644-5716

Phone/ Fax

OFA #311 (LAW CONS)         Revised 02/10/2012