



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**Law Consortium / Contract**

**STUDENT SECTION**

Term you will be transient: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Academic Year \_\_\_\_\_

Student Phone # \_\_\_\_\_ Host Institution: \_\_\_\_\_

Current Email: \_\_\_\_\_

- **You are responsible for paying tuition and fees to the Host Institution, 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 Transient or 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

\_\_\_\_\_  
 Taneshia Toussaint, 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