



Consortium / Contract 2020-2021

STUDENT SECTION

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

Student Phone # _____ Host Institution: _____

Current Email _____

- You must be an FSU student for one semester (min. 6 credit hours) before applying and becoming a transient student at another institution.
- **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.
- Enrolled course(s) must be Degree applicable (within the students major) for disbursement eligibility.
- You must be registered for the approved courses appearing on the Transient Student Form.
- 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 Home School _____ Name of Host School _____

Financial Aid Office Contact: Print Name/Title _____ Financial Aid Officer Contact: Print Name/Title _____

Financial Aid Office Authorized Signature _____ Financial Aid Office Authorized Signature _____

Date _____ Date _____

Host Institution – Please return the Consortium Agreement to: _____ Address _____

Florida State University _____ City _____ State _____ Zip _____

Office of Financial Aid _____ Phone/ Fax _____

Fax (850) 644-6404 _____