



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Date: \_\_\_\_\_

**2022–2023 Law Consortium / Contract (FACONL)**

**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/Fees cost per hour _____
Tuition/Fees _____	Lab Fees _____
Room and Board _____	Personal _____
Books and Supplies _____	Other Fees _____
Transportation _____	TOTAL COST _____

**HOME INSTITUTION**  
**Florida State University**

\_\_\_\_\_  
*Financial Aid Office Contact: Print Name/Title*

\_\_\_\_\_  
*Financial Aid Office Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Host Institution - Please return the Consortium*

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

**HOST INSTITUTION**

\_\_\_\_\_  
*Name of Host School*

\_\_\_\_\_  
*Financial Aid Office Contact: Print Name/Title*

\_\_\_\_\_  
*Financial Aid Office Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Phone/Fax*

Florida State University's Use of Social Security Number policy is available at  
[http://registrar.fsu.edu/bulletin/undergraduate/information/university\\_notices/](http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)  
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Phone: 850-644-0539 | Fax: 850-644-6404 | Email: OFACS@fsu.edu  
[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)

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