



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

2023–2024 Consortium / Contract (FACON)

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/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/
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306
Phone: 850-644-0539 | Fax: 850-644-6404 | Email: OFACS@fsu.edu
www.financialaid.fsu.edu

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