

2024–2025 Law Consortium Contract (FACONL)

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

Student Phone Number: _____ Host Institution: _____

Current Email Address: _____

The term you will be Transient: **Fall** **Spring** **Summer** **Academic Year:** _____

- You are responsible for paying tuition and fees to the Host Institution. You must also be prepared to pay for books and other expenses **before** your financial aid disbursement.
- You must be a degree-seeking student at FSU and meet all the eligibility requirements for approval for the 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 is disbursed.

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 before 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:	
Room & Board:	
Books & Supplies:	
Transportation:	

Tuition/Fee cost per hour:	
Lab Fees:	
Personal Expenses:	
Other Fees:	
TOTAL COST	

HOME INSTITUTION: Florida State University

HOST INSTITUTION

Financial Aid Office Contact: Print Name/ Title

Name of Host School

Financial Aid Office Authorized Signature

Financial Aid Office Contact: Print Name/ Title

Date

Financial Aid Office Authorized Signature

Date

Date

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone/Fax Number

Phone/Fax Number

Host Institution:
Please return the Consortium Agreement To:
Florida State University
Office of Financial Aid
Fax: (850) 644-6404

Florida State University’s Use of Social Security Number policy is available at <https://registrar.fsu.edu/bulletin/university-notices>