Law Consortium / Contract

STUDENT SECTION

Student Name: __________________________
Current Email: _________________________

Term you will be transient: Fall______ Spring______ Summer______ Academic Year _____________

Student Phone # ________________________ Host Institution: __________________________

- You are responsible for paying tuition and fees to the Host Institution, if payable prior to the disbursement of your financial aid. 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 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
Florida State University

Host Institution

Name of Host School

Financial Aid Office Authorized Signature

Gail Rogers, Financial Specialist
Printed Name and Title

Date

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

Authorized Signature
Date

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@admin.fsu.edu
www.financialaid.fsu.edu
Revised 11/2/2017