

DIVISION OF STUDENT AFFAIRS OFFICE OF FINANCIAL AID

**Printed Name and Title** 

TELEPHONE: (850) 599-3730 FAX: (850) 561-2730 EMAIL: Financialaiddocs@famu.edu

## Florida A&M University Consortium Agreement

STUDENT SECTION			
Student Name	Student FAMU ID #		
Student Social Security #	Student Phone #		
Transient Term:FallSpringSumme	er Academic Year		
Name and Address of the Host School:	Fax #		
<ul> <li>prepared to pay for books and other expenses prior to your financial aid dis</li> <li>No financial aid will disburse, until the Office of Financial Aid at FAMU receivalid.</li> </ul>	ives the completed Consortium Contract from the Host school and accepts it as r all State of Florida Institutions, and will receive financial aid if applicable once or withdraw from any classes after financial aid disburses. nancial aid. ments for approval for transient study, as determined by the Office of the		
Student Signature	Date BE COMPLETED BY HOST INSTITUTION ONLY		
The host institution will not provide financial aid to the student for the period     The host institution agrees to notify FAMU if the student ceases enrollment The period of enrollment commences on Credit hours enrolled this term Tuition/Fees Room and Board Books & Supplies Transportation	od of enrollment indicated below. prior to the end of the term(s) indicated or drops below 6 credit hours.		
Home Institution Florida A&M University	Host Institution		
Financial Aid Office Authorized Signature	Fax Number Telephone Number		

Address

Date

Host Institution – Please return the Consortium Agreement to: Florida A&M University Office of Financial Aid <u>financialaiddocs@famu.edu</u>

City	State	Zip
Printed Name and Title		

Authorized Signature

Date