



Excellence With Caring

# Florida Agricultural and Mechanical University

OFFICE OF FINANCIAL AID, SUITE 101, TALLAHASSEE, FLORIDA 32307 PHONE 850-599-3730

## Florida A&M University Consortium Agreement

### STUDENT SECTION

Student Name: \_\_\_\_\_ Student FAMU ID #: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_ Student Phone # \_\_\_\_\_

Term you will be transient:  Fall  Spring  Summer Academic Year \_\_\_\_\_

Name & Address of Host School: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### Important

- 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.
- No financial aid can be disbursed until the Office of Financial Aid at FAMU receives the completed Consortium Contract from the Host school and accepts it as valid.
- If applying for aid for summer term, students must have a completed financial aid summer application on file with the FAMU Office of Financial Aid. **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.
- Forms completed incorrectly will delay processing of financial aid.
- Please allow 3-4 weeks processing time for your request.

#### To be eligible to receive aid through a Consortium contract you must:

- Be a degree seeking student at FAMU and meet all of the eligibility requirements for approval for transient study, as determined by the Office of the Registrar.
- Be registered for the approved courses appearing on the FAMU approved transient form.
- Be enrolled in a minimum of 6 credit hours.
- Maintain satisfactory academic progress as specified by FAMU

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 FAMU 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 _____	<b>TOTAL COST</b> \$ _____

### Home Institution

**Florida A&M University** \_\_\_\_\_

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

Printed Name and Title \_\_\_\_\_

Date \_\_\_\_\_

### Host Institution

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

\_\_\_\_\_  
Fax Number Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Host Institution – Please return the Consortium Agreement to:

Florida A&M University  
Office of Financial Aid  
101 Foote Hilyer Administration Center  
Tallahassee, FL 32307-3200

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Authorized Signature Date