

Division of Student Affairs Office of Financial Aid

Telephone: (850) 599-3730 Fax: (850) 561-2730 Email: financialaiddocs@famu.edu

2022-2023 Consortium Agreement

Complete all items accurately.

First Nam	ne L	Last Name M.I.		_	FAMU Student	FAMU Student ID Number		
Permanent/Home Street Address (Include Apt. No.)					Student Social S	Student Social Security #		
City	State	Zip Co	ode		Student Telepho	one Number		
Permanent/Home Contact Number					Student's Conta	Student's Contact Number		
	dent Section							
Term	you will be tran	sient: Fa	all	_ Spring	Summer	Academic Year		
Name	Name & Address of Host:				Fax Number:			
Impo	your finan financial No financ Consortiu If applyin with the I Consortiu You may financial Incomple	ncial aid. You aid disbursem bial aid can be un Contract fr g for aid for s FAMU Office un Contract fr be required to aid disbursem te forms or fo	will also nee ent. disbursed un com the Host summer term, of Financial com the Host prepay certain ent. rms complete	ed to be prepar- til the Office of school and acc students must Aid. Summer school. n financial aid	ed to pay for books and of Financial Aid at FAI cepts it as valid. have a completed fina awarding will not occu awards should you dro will delay processing o	payable prior to the disbursement of d other expenses prior to your MU receives the completed ancial aid summer application on file or until we have received the op or withdraw from any classes after f financial aid.		
To be eli _i	 gible to receive Be a degr study, as Be registe Be enrolle 	aid through a ee seeking stu determined by ered for the ap ed in a minim	a Consortium ident at FAM y the Office o pproved cours um of 6 credi	n contract you U and meet al f the Registrar ses appearing o	a must: l of the eligibility requ : on the FAMU approved	irements for approval for transient l transient form.		

Maintain satisfactory academic progress as specified by FAMU

Student Signature: _____

Date: _____