

FLORIDA A&M UNIVERSITY FINANCIAL AID

Division of Student Affairs Office of Financial Aid Telephone: (850) 599-3730 Fax: (850) 561-2730

Email: financialaiddocs@famu.edu

2023-2024 Consortium Agreement

Complete all 1	items accurately.						
First Name Last Name M.I.		M.I.		FAMU Student	FAMU Student ID Number		
Permanent/Home Street Address (Include Apt. No.)				Student Social S	Student Social Security #		
City State Zip Code		de		Student Telepho	Student Telephone Number		
Permanent/Home Contact Number				Student's Conta	Student's Contact Number		
A. Studen							
Term you	will be transient: Fa	11	Spring	Summer	Academic Year	_	
Name & Address of Host:				Fax Nu	Fax Number:		
• To be eligible •	your financial aid. You financial aid disburseme No financial aid will be Consortium Contract Students must have con Institutions, and will receive after financial aid Incomplete forms or Please allow 3-4 wee to receive aid through a Be a degree seeking stustudy, as determined by	will also need ent. e disbursed ur from the Host appleted a Trans ceive financial to repay certained disburses. forms completed ks processing to the Consortium of the Office of the proved courses am of 6 credit has been to the consortium of the Consortium of the Office of the proved courses am of 6 credit has been to the consortium of 6 credit has been to the consor	ntil the Office school and ient applicated incorrections for your and meet a he Registra appearing nours.	fice of Financial Aid at d accepts it as valid. ation on Florida Shines it cable once verification of aid awards should you outly will delay processing ur request ou must: all of the eligibility requiar. on the FAMU approved	of enrollment is received. drop or withdraw from any g of financial aid. drements for approval for transie	i	
Student Signature:				Date:			