



Florida Agricultural and Mechanical University
 OFFICE OF FINANCIAL AID, CASS BLDG. SUITE 203, 1735 WAHNSH WAY, TALLAHASSEE, FLORIDA 32307
 TELEPHONE: 850-599-3730

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Florida A&M University Consortium Agreement
STUDENT SECTION

Student Name _____ Student FAMU ID # _____

Student FAMU Email _____ Student Phone # _____

Transient Term: _____ Fall _____ Spring _____ Summer Academic Year _____

Name and Address of the 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 will disburse, until the Office of Financial Aid at FAMU receives the completed Consortium Contract from the Host school and accepts it as valid.
- Students must have completed a Transient application on Florida Shines for all State of Florida Institutions, and will receive financial aid if applicable once verification of enrollment is received
- You may be required to repay certain financial aid awards should you drop or withdraw from any classes after financial aid disburses.
- Incomplete forms or 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 SHOULD 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/Fees _____
 Room and Board _____
 Books & Supplies _____
 Transportation _____

Tuition/fee cost per credit hour _____
 Lab Fees _____
 Personal _____
 Other Fees _____
TOTAL COST \$ _____

Home Institution
 Florida A&M University

Host Institution

Financial Aid Office Authorized Signature _____

Fax Number _____ Telephone Number _____

Printed Name and Title _____

Address _____

Date _____

City _____ State _____ Zip _____

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

Printed Name and Title _____

Authorized Signature _____ Date _____