Excellence With Caring

Florida Agricultural and Mechanical University

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

Florida A&M University Consortium Agreement STUDENT SECTION

| dent Name: Student FAMU ID #: | | | |
|--|---|--|---|
| Student Social Security #: | s | 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 In prepared to pay for books and other expenses prior to your: No financial aid can be disbursed until the Office of Financial as valid. If applying for aid for summer term, students must have a con awarding will not occur until we have received the Consortiu. You may be required to repay certain financial aid awards sho Forms completed incorrectly will delay processing of financial 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 eliging Be registered for the approved courses appearing on the FAMU Be enrolled in a minimum of 6 credit hours. Maintain satisfactory academic progress as specified by FAMU. | financial aid disburse I Aid at FAMU receive Inpleted financial aid s Im Contract from the Inpleted financial aid s Im Contract from the Inpleted financial aid s Inpleted | ment. es the completed Consortium Contractiummer application on file with the File Host school. draw from any classes after financial after the contraction of the co | ct from the Host school and accepts AMU Office of Financial Aid. Summer aid disbursement. |
| Student Signature | | Date | |
| The host institution will not provide financial aid to the studer The host institution agrees to notify FAMU if the student cease The period of enrollment commences on Credit hours enrolled this term Tuition/Fees Room and Board Books & Supplies Transportation Home Institution Florida A&M University | es enrollment prior to | o the end of the term(s) indicated or o | |
| | Name of Ho | ost School | |
| Financial Aid Office Authorized Signature | Fax Numbe | Te | elephone 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 | Printed Na | me and Title | |
| 101 Foote Hilyer Administration Center Tallahassee, FL 32307-3200 | Authorized | Signature | Date |