



Consortium Agreement

You must complete the front page of this form indicating the name of the Host Institution you are planning to attend. Read the Important Facts; attach the appropriate document(s) and forward to the Financial Aid Office at The College of the Florida Keys.

Section I: Student Information

The College of the Florida Keys and _____ are herein entering into a consortium
(Host Institution)

agreement for _____
(Student Name)

Last 4 Digits of Student's Social Security Number _____

Term you will be transient: Fall 2024 Spring 2025 Summer 2025

Important Facts

Section II: *(After reading each fact, please check off the box to the left.)*

- You must be degree seeking at CFK and meet all of the eligibility requirements for approval for transient study, as determined by the Office of the Registrar and the Office of Financial Aid.
- To be eligible for most types of aid Transient study requires a minimum enrollment of six credit hours at the Host Institution.
- You must be registered for the approved courses appearing on the Transient Student Form.
- Only CFK will process qualified financial aid for eligible CFK degree-seeking students' participation in transient study.
- You are responsible for paying fees to the Host Institution prior to the disbursement of your eligible financial aid.
- Florida Bright Futures Scholarships do not pay for remedial courses.
- You may be required to repay certain financial aid programs should you drop or withdraw from any classes.

Student Statement of Compliance

I have read and clearly understand my rights and responsibilities as stated above. I have checked off all of the boxes under Important Facts and completed Section I of this agreement. I have attached legible copies of my signed and approved Transient Student Form.

Student Signature: _____

Date: _____

Printed Name: _____

Cost of Education (Must be completed by the Host Institution)

It is agreed that only The College of the Florida Keys will award financial aid to the student and will be responsible for determining refunds and repayments resulting from the student's withdrawing from classes.

The Host Institution will not provide financial aid to the student for the period indicated. The host institution agrees to verify the student's enrollment and continued eligibility for funds prior to disbursement. The College of the Florida Keys will disburse financial aid to the student only after we receive certification from the host institution.

Certification must be sent to the address shown below.

This student is currently registered for all courses approved in the Florida Shines system. Yes No

The period of enrollment commences on _____ and ends on _____

# of credit hours enrolled this term	
Tuition/fees cost per credit hour	\$
Tuition/Fees	\$
Lab Fees	\$
Books and Supplies	\$
Room and Board	\$
Transportation	\$
Personal	\$
Other Fees	\$
TOTAL COST	\$

Host Institution

Name of Host School _____

Street Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____

Printed Name/Title of Official _____

Signature of Authorized Official _____

Host Institution please return completed form to:

The College of the Florida Keys
Office of Financial Aid
5901 College Road
Key West, FL 33040
Phone 305-809-3523
financialaid@cfk.edu

For Home Institution Financial Aid Office Use Only:

Name of Home Institution: The College of the Florida Keys

Printed Name and Title of Authorized Official: _____

Signature of Authorized Official: _____

Date: _____