

Fellowship/Stipend/Tuition Award Notice

**GRANTS & CONTRACTS
SPECIAL PROGRAMS**

PLEASE SEND ORIGINAL TO:

**Graduate School
Ozark Hall 119**

STUDENT NAME: _____ STUDENT PID: _____
(Last) (First) (MI)

Is the student a Graduate Assistant (GA)? _____ If "Yes," indicate cost center paying FBGATuit _____

Check Only One: Original _____ Supplement _____ Reduction _____ Cancellation _____

Please submit Fellowship/Stipend/Tuition Award Notice and Scholarship/Fellowship/Traineeship Questionnaire for each semester:

FALL, 20 _____ SPRING, 20 _____ SUMMER I, 20 _____ SUMMER II, 20 _____

Student Hours Enrollment: Minimum Allowed: 1 Actual Enrollment: _____

Total Award & CCN Distribution:		Total Amount Awarded This Semester	\$ _____	TREA USE ONLY	
Tuition & Fees Distribution:			Award Amount	Safari Fund Codes	
Resident Fees:	CCN: _____	\$ _____		VW02	VM02
<i>(In-State)</i>	CCN: _____	\$ _____		VW02	VM02
WCOB Differential Fee:	CCN: _____	\$ _____		VW02	VM02
Non-Resident Tuition:	CCN: _____	\$ _____		VW03	VM03
<i>(Out-of-State)</i>					
Miscellaneous Fees:	CCN: _____	\$ _____		VW04	VM04
	CCN: _____	\$ _____		VW04	VM04
Room & Board:	CCN: _____	\$ _____		VW06	VM06
<i>(Special Circumstances Only)</i>	CCN: _____	\$ _____		VW06	VM06
Stipends:	CCN: _____	\$ _____		VW08	VM08
	CCN: _____	\$ _____		VW08	VM08

Special Instructions:

Authorizations:

(Please type or print)

_____	_____
<i>Department Head or Authorized Representative</i>	<i>Principal Investigator or Authorized Representative</i>
_____	_____
<i>Department</i>	<i>Room Number Telephone/Extension</i>
_____	_____
<i>Signature</i>	<i>Signature</i>
_____	_____
<i>Date</i>	<i>Date</i>

TREA USE ONLY	FAO USE ONLY	RA OFFICE USE ONLY
_____ INITIALS	_____ INPUT	JOURNAL ENTRY # _____ -- _____
_____ DATE	_____ DATE	DATE _____

REVIEW CHAIN ROUTING					
Dept: Grad School	RSSP (required for companies 04XX, 013X & 152)	DREX (required for companies 0XX3)	Treasurer's (Acct)	Research Acct	Financial Aid
Date: _____	_____	_____	_____	_____	_____