

Graduate Student Award Authorization (GSAA) Fellowships

AWARDING UNIT:

This form must be submitted to the Gradute Division for processing any graduate student fellowship. Include any supporting documents. Please allow 3-5 business days from the day this form and all supporting documents are received by the Graduate Division for the award to be credited to the student's account.

□ New Student □ Continuing Student			Request Type: ☐ New ☐ Revised ☐ Supplemental					
Student Name:				Student ID:				
Graduate Group:				School:				
Faculty Advisor:			Graduate Group Chair:					
RESIDENT FOR TUITION PURPOSES?			ES 🗆	NO □				
US. CITIZEN OR PERMANENT RESIDENT?			ES □	NO □	IF NO, VISA TYPE	<u>:</u>		
PERIOD OF SUPE	PORT:							
AWARD SPONSOR:								
OFFICIAL FELLOWSHIP NAME:								
		Disbursed by		l-Party	Student			
AWARD DETAILS	Item	Graduate Division		lling	Direct Payment	Total		
	Accounting String:		N	J/A	N/A	N/A		
	Fellowship:							
	Tuition:							
	Student Services Fee:							
	GSHIP:							
	Non-resident Tuition:							
	Total:							
AWARD DESCRIPTION & ADDITIONAL INFORMATION:								
Approvals:								
THEROVADO.								
PI/Authorizing Signature			Print Name		Date			
Budget Officer Signature		P	Print Name		Date			

PREPARED BY:								
Name/Title	Ext.	Date						
TAX SERVICES: International Students Only – if award exceeds eligible fees)								
Withholding Required? ☐ Yes% ☐ No ☐ N/A								
Signature	Print Name	Date						
FINANCIAL AID: Domestic Students Only								
Student Loans Offered? □ Yes □ No Student Enrolled for Term of Award: □ Yes □ No								
If you answer yes to both questions, Financial Aid Office must sign below.								
Signature	Print Name	Date						
GRADUATE DIVISION USE ONLY								
Fund Code:	_							
Approved By:	Signature:	Date:						
Banner Entry By:	Signature:	Date:						
Award Packet Emailed By:	Signature:	Date:						