

ETSU Bursar Office
GRANT AND PROGRAM PAYMENT REQUEST

Upon submission of this form to the Bursar's Office, student accounts will be credited as indicated below. Please submit as soon as the required information is complete.

Deadline: The day after the last day to drop classes without college dean's written permission.

Submission Date: _____

Account Description: _____

Administrator: _____

College: _____ **Department:** _____

Contact: _____ **Phone:** _____

Campus Box: _____ **Fax:** _____

ETSU Grant #: _____ **Funding Period:** _____ **To** _____

EXPENSE TO BE APPLIED

Academic Year:

Semester: ☐ Fall ☐ Spring Summer ☐ 1 ☐ 2 ☐ 3

Tuition: ☐ Yes ☐ No ☐ Undergraduate ☐ Graduate ☐ Out-of State

Pay: ☐ 100% ☐ 75% Other: _____

Specify Courses: _____

Application Fee: ☐ Yes ☐ No Required Program Fees: ☐ Yes ☐ No

Late Fee: ☐ Yes ☐ No Required Registration Fees: ☐ Yes ☐ No

Total Students: _____

List Students On Next Page

Student Name	Student ID	Notes

If additional space is required, please attach a separate sheet.

Comments: