GRADUATE SCHOLARSHIP ASSISTANCE

Student's Name: _____

Graduate Program/Anticipated Degree: _____

Campus: _____

Term	Anticipated Enrollment (credits)	*SFS Use Only Calculated scholarship*
Grad Term 4 (08)		$
Grad Term 1 (08)		$
Grad Term 2 (09)		$
Grad Term 3 (09)		$
		SFS TOTAL: $

Enrollment requirements for participation in the Graduate Assistant program are outlined in the Graduate Assistant Handbook. Enrollment verification will take place at the start of each Graduate term to ensure that appropriate scholarship awards are disbursed.

Student Signature: _____   Date: _____

Supervisor Signature: _____   Date: _____

The student must submit this completed form to the Office of Student Financial Services prior to the start of the first term of attendance.

Approved ___   Not Approved ___

_____
Director of Student Financial Services   Date: _____

 SFS Reconciliation:

Total Credit Hrs. $