

**GRADUATE COLLEGE FORM FOR FELLOWSHIPS, TRAINEESHIPS AND COURTESY WAIVERS**

STUDENT INFORMATION			
UIN	LAST NAME	FIRST NAME	MIDDLE NAME
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	CITIZENSHIP: <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERM RESIDENT <input type="checkbox"/> NON-RESIDENT ALIEN
MAILING ADDRESS		PROGRAM CODE	
EMAIL ADDRESS		DEPARTMENT	

SCHOOLS ATTENDED	YEARS FROM-TO	GPA	CREDIT HOURS USED IN COMPUTATION	DEGREES
UNDERGRADUATE:			HOURS:	
GRADUATE:			HOURS:	
GRADUATE:			HOURS:	

CURRENTLY ENROLLED FULL-TIME:    YES     NO    IF NO, PLEASE ADDRESS IN COMMENTS SECTION

AWARD INFORMATION							
TITLE OF FELLOWSHIP OR TRAINEESHIP: _____							
APPOINTING UNIT _____							
(If different than student's department)							
TUITION AND FEES:    WAIVE <input type="checkbox"/> BILL TO STIPEND C-FOAP <input type="checkbox"/> ASSTSHP WVR <input type="checkbox"/> ____%							
OTHER MANDATORY FEES:    BILL TO STIPEND C-FOAP <input type="checkbox"/>							
C-FOAP TITLE	C-FOAP			TIME SHEET ORG	AWARD PERIOD	MONTHLY STIPEND (S)	TOTAL STIPEND (S)
	(C)	(F)	(O)	(A) 281300 (P)			
	(C)	(F)	(O)	(A) 281300 (P)			
	(C)	(F)	(O)	(A) 281300 (P)			

COURTESY WAIVER		
NAME OF AWARD _____	AWARD PERIOD _____	TOTAL STIPEND _____

LIST CONCURRENT APPOINTMENTS: (ASSISTANTSHIP AND/OR HOURLY)	
TYPE OF ASSISTANTSHIP APPOINTMENT _____	APPOINTMENT DATES _____
IF HOURLY APPOINTMENT, INDICATE EXPECTED NUMBER OF HOURS PER WEEK _____	
COMMENTS BY DEPARTMENT/APPOINTING UNIT	APPOINTING UNIT
	CONTACT NAME: _____
	CONTACT NUMBER: _____ DATE: _____
	AUTHORIZED SIGNATURE: _____
DO NOT WRITE BELOW THIS LINE – FOR GRADUATE COLLEGE USE ONLY	
APPROVED BY: _____	CODES: _____
DATE: _____	_____
	_____