

GRADUATE COLLEGE FORM FOR FELLOWSHIPS, TRAINEESHIPS AND COURTESY WAIVERS

<http://www.grad.illinois.edu/forms/ratingform/>

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"/> ASSTSHIP 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 (\$)	TOTAL STIPEND (\$)
	(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: _____	_____
