

GRADUATE SCHOLARSHIP ASSISTANCE

2008-2009

Student's Name: _____

Graduate Program/Anticipated Degree: _____

Campus: _____

Term	Anticipated Enrollment (credits)	<i>SFS Use Only</i> <i>Calculated scholarship</i>
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 must be equal to or greater than full time enrollment status (6+ credits) for a minimum of three Graduate terms. 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. _____	\$ _____

