

Please check one:

New:

In addition to prior GAF:

Replaces already submitted GAF:

GRADUATE AND PROFESSIONAL STUDENT AWARD FORM

Please submit one award form per semester for each student, retain a copy for your records and forward the original to your School Dean for approval (and to the Graduate School, if applicable). This form is used to award tuition, fees, and insurance only. It cannot be used for the payment of services rendered. Also, departments must ensure that each center and account number is activated with the Office of Financial Affairs.

Student's Name: _____

Commodore ID#: _____

Scholarship/Award Name: _____

Is this a new center? Yes__No__

Semester: _____

All amounts entered below will be posted "as is" to the student's account by the Office of Student Accounts

	1 st Center Number	1 st Account Number	Item Type	% of Charge or Max Amount or Max Hours*	2 nd Center Number	2 nd Account Number	Item Type	% of Charge or Max Amount or Max Hours*
Tuition Award								
Tuition Award								
Activity Fee								
Insurance								
Transcript								

* Choose only one: Percentage of charge, maximum dollar amount or maximum tuition hours to be paid by the award.

Please print the below information: All fields below are required to be completed for OSA to enter Graduate Awards.

Prepared by (Print): _____ **Email:** _____

Prepared by **Signature:** _____ **Phone#:** _____ **Date:** _____

Department Approval (Print): _____ **Date:** _____ **School Approval (Print):** _____ **Date:** _____

Department Approval **Signature:** _____ **School Approval Signature:** _____

Graduate School Approval: _____ **Date:** _____ **Campus Mailing Address:** _____

Financial Management: _____ **Date:** _____
(All Medical School Centers)

**Please note that all fields must be completed before form can be processed. Return completed form to the Office of Student Accounts,
Box 40-1671 Station B
ORIGINAL**