

UPON COMPLETION SUBMIT
TO SCHOOL OR DEPARTMENT
SPONSORING AWARD



YEAR/TERM REQUESTED:

- ☐ Academic Year
☐ Fall ☐ Spring
☐ Summer

TUITION SCHOLARSHIP AWARD FORM

LAST NAME:	STUDENT ID#:
FIRST NAME:	EMAIL ADDRESS:
MAILING ADDRESS:	TELEPHONE:
	GRADUATE PROGRAM:
	DEGREE SOUGHT:

RESIDENCY ☐ NYS ☐ U.S. [Non-NYS] ☐ Non-U.S.

If you have not applied for and been granted NYS residency and this is your second year of study, you will be billed for the difference between the in-State tuition rate and the out-of-State tuition rate. You may apply for a waiver to this requirement through your department chair. Residency applications are available in the Office of Student Accounts.

WILL YOU HAVE AN ASSISTANTSHIP OR FELLOWSHIP DURING THE TERM OF THIS TUITION AWARD? ☐ Yes ☐ No

IF YES, WHAT WILL BE THE TERM OF THE APPOINTMENT? ☐ Acad Yr ☐ Fall Only ☐ Spring Only

<u>POSITION TITLE</u>	<u>FUNDING SOURCE</u>	<u>STIPEND</u>
<input type="checkbox"/> Assistantship	<input type="checkbox"/> University <input type="checkbox"/> Research Foundation <input type="checkbox"/> Other (describe)	\$
<input type="checkbox"/> Fellowship	<input type="checkbox"/> University <input type="checkbox"/> Research Foundation <input type="checkbox"/> Other (describe)	\$

PLEASE SPECIFY THE APPOINTING DEPARTMENT (OR OFFICE):

I UNDERSTAND THAT IF I AM A CITIZEN OF THE U.S., I MUST SEEK TO ESTABLISH NYS RESIDENCY NO LATER THAN THE COMPLETION OF MY FIRST YEAR OF STUDY.

APPLICANT'S SIGNATURE

DATE

DEPARTMENT SIGNATURE

DATE

DEPARTMENTAL AUTHORIZATION: ☐ In State Rate or ☐ Out of State Rate

LEVEL OF SUPPORT:

☐ Fall \$ Level or Number of Credits
☐ Spring \$ Level or Number of Credits

Account No.
Account No.