

INDIANA STATE UNIVERSITY TUITION FELLOWSHIP AND SCHOLARSHIPS



			* 11		
Student Name:	(Must accompa	ny Graduate Assistantship Pay	ate Assistantship Pay Authorization)ISU ID #:		
Department:			College / School:		
Funding Dept:			Funding Index:		
Person Completi	ng Form:		Contact N	lumber:	
	Year	Term	Hour	s Awarded	
	20	Fall	11001	0.7.111.011.01.0	
	20	Spring			
	20	Summer I			
	20	Summer II	,		
	Stud	dent Acknowledgemen	<u>t</u>		
aware that	The University may be required to this award may impact other finance the scholarship under the	e aid awards. e above terms:	Date:	iue Service. Flease de	
I have verified that the funds are available for	e student named above meets	Approval Signatures the eligibility requirements for a	a graduate stude	ent academic scholarship, and that the	
Principal Investigator, Grant (if applicable)			Date	Date	
Department Chairperson or Department Head			Date		
Dean, College or School			Date	Date	
Dean, College of Professional Stud			Date		
Comments:		To be completed by De Admission Status: _ Major: Degree: Attempted Hours: _		Residency Status Resident Non-Resident GPA	