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

	1st Center Number	1st Account Number	Item Type	% of Charge or Max Amount or Max Hours*	2nd Center Number	2nd 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:

Prepared by: _____ Phone#: _____ email: _____

Department Approval _____ _____ Date _____
Print Name *Signature*

School Approval _____ _____ Date _____
Print Name *Signature*

Graduate School Approval _____ _____ Date _____
Print Name *Signature*

Financial Management _____ _____ Date _____
(All Medical School Centers) *Print Name* *Signature*

Please note that all fields must be completed before form can be processed. Return completed form to the Office of Student Accounts, Box 401671, Station B