

GRADUATE COLLEGE TUITION SCHOLARSHIP FORM

Students who accept this scholarship, are not eligible for any other institutional aid, this includes but is not limited to Michigan Initiative, employee benefit, graduate assistantship, tuition scholarship.

Department Information

Academic Term Years: _____ -- _____

Person Completing Form: _____ **Ext:** _____

GPA Requirements: The student has met the minimum Graduate GPA eligibility requirement of ≥ 3.0 ? Yes No

Type of Action: New Change Termination

Student Information

Residency (indicated by Banner):

Ohio/Monroe Reciprocity Non-Resident International

Rank: Masters Doctoral **Program of Study:** _____

Rocket ID: _____ **College:** _____ **Dept:** _____

Student Name: _____ **DOB:** _____
Last Name First Name mm/dd/yyyy

Students' Signature: _____ **Date:** _____

By accepting this scholarship, I understand I am strongly encouraged to contact the Office of Financial Aid, to determine how this scholarship will effect my other financial aid and/or student loans. Students who accept this scholarship, are not eligible for any other institutional aid, this includes but is not limited to Michigan Initiative, employee benefit, graduate assistantship, tuition scholarship.

Waiver Information

Detail Exemption Code: _____

Waiver Term(s) & Hours Waived Per Term:

(Only put terms within the same academic year along with supply hours or amount to be waived on one form.)

Fall **Year** _____ **Hours** _____ **Amount** _____
 Spring **Year** _____ **Hours** _____ **Amount** _____
 Summer **Year** _____ **Hours** _____ **Amount** _____

If terminating a waiver, enter "0" on the hours waived line.

Reason for Request:

Approvals

_____ **Requestor** _____ **Date** _____ **Ext.**

_____ **Dean or Business Manager of Requesting College** _____ **Date** _____ **Ext.**

FOR GRADUATE SCHOOL USE ONLY

Banner Input By: _____ / _____ **VISA Status** **Access Input By:** _____ / _____