



Graduate Fellowship/Awards Authorization

Please list recipients alphabetically, last name first. If a student will be attending a USC regional campus, please indicate which campus next to the student's name.

THIS OFFICE ASSUMES THAT ALL STUDENTS MUST REGISTER ON A FULL-TIME (9 hours) BASIS TO RECEIVE A FELLOWSHIP UNLESS INDICATED BELOW.

ACADEMIC YEAR: _____

DEPARTMENT: _____ DEPARTMENT ID: _____

FUND NAME: _____ ED FOUNDATION NUMBER *: _____
(Only one fund per page. If paid from an Ed Foundation account, list that number above. If paid from a departmental account, list the account number below.)

OPERATING UNIT: _____ DEPT NUMBER: _____ FUND NUMBER: _____ CLASS CODE: _____

Table with 7 columns: CHECK IF REVISION, LAST NAME, FIRST NAME, BANNER ID, TOTAL FALL & SPRING AWARD, ENROLLED LESS THAN FULL-TIME, GRADUATING FALL, ACCOUNT ENDING. Contains 13 rows of empty boxes for data entry.

Comments:

Departmental Authorizing Signature: _____ Date: _____

Department Contact Person: _____ Phone No.: _____

Contact E-Mail Address: _____

* My signature above certifies that these awards are in compliance with the Ed Foundation project's gift agreement if applicable. To obtain a copy of a gift agreement, please contact the Educational Foundation at 777-1466.

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