



Federal Traineeship Authorization
Academic Year 20__ - 20__

List Recipients alphabetically, last name first. Please list only one account number per page. Authorization must be signed and dated, then forwarded to the Office of Cost and Contract Grant Accounting.

Department: _____ Dept. Contact Signature: _____ Phone: _____

Operating Unit: _____ Department Number: _____ Fund Number: _____ Class Code: _____

PC Business Unit: _____ Project ID: _____ Activity ID: _____ Date: _____

FULL-TIME ENROLLMENT (12 hours) REQUIRED UNLESS OTHERWISE NOTED

STUDENT WILL RECEIVE TOTAL AMOUNT LISTED

Table with 7 columns: LAST NAME, FIRST NAME; BANNER ID; Tuition and Fees; Stipend; TOTAL FALL & SPRING; Enrolled Less Than Full-Time; Fall Graduate; Account Ending. The table contains multiple rows for each student, alternating between Tuition and Fees and Stipend.

Comments: _____

CGA Signature: _____

Date: _____

Grad School Signature: _____

Date: _____

FT _____ Date Loaded: _____