

2009-10 GRADUATE ENROLLMENT AND BENEFITS STATUS FORM

Student Instructions: Please complete Section A below and **submit this form to the director of your graduate program to complete Section B.** Forms without departmental signatures will be returned to the student.

SECTION A: TO BE COMPLETED BY THE STUDENT

STUDENT NAME: _____ Student ID: _____
 (Please Print)

Fall 2009 enrollment status (Please check one)	Spring 2010 enrollment status (Please check one)	Summer I 2010 enrollment status (Please check one)	Summer II 2010 enrollment status (Please check one)
<input type="checkbox"/> 9+ hours	<input type="checkbox"/> 9+ hours	<input type="checkbox"/> 9+ hours	<input type="checkbox"/> 9+ hours
<input type="checkbox"/> 6-8 hours	<input type="checkbox"/> 6-8 hours	<input type="checkbox"/> 6-8 hours	<input type="checkbox"/> 6-8 hours
<input type="checkbox"/> 3-5 hours	<input type="checkbox"/> 3-5 hours	<input type="checkbox"/> 3-5 hours	<input type="checkbox"/> 3-5 hours
<input type="checkbox"/> 0-2 hours	<input type="checkbox"/> 0-2 hours	<input type="checkbox"/> 0-2 hours	<input type="checkbox"/> 0-2 hours

I certify that if I receive any support or any increased support, I know it is my responsibility to notify the Office of Scholarships and Financial Aid. I understand my financial aid award may be revised and/or I may be required to repay financial aid funds already disbursed to me if there are changes after this form is submitted to the OSFA.

 Student Signature

 Date

Department Instructions: Please complete section B-D and **mail or fax the completed form to the Office of Scholarships and Financial Aid.** If the student's departmental funding changes after this form is submitted, please submit a revised form to the Office of Scholarships and Financial Aid as soon as possible.

SECTION B:

Will this student be on the GSSP? Yes ___ No ___ (If Yes, skip to Section C.)

If this student will NOT be on the GSSP, will your department or another source pay tuition, fees, and/or health insurance for this student? Yes ___ No ___

If Yes, please indicate what will be paid and for which term(s) _____

SECTION C: Please indicate amounts for any additional funds student is receiving for the following (Note: do NOT list TA or RA stipends):

Fellowship Total Amount \$ _____ Period of Award _____
 Other Grant or Scholarship Total Amount \$ _____ Period of Award _____

SECTION D: TO BE SIGNED BY DIRECTOR OF GRADUATE PROGRAMS

Inaccurate information reported above may result in the student repaying financial aid funds already disbursed. Please notify the Office of Scholarships and Financial Aid immediately of any changes in information reported above.

 Printed Name of the Director of Graduate Program (not Graduate School)

 Graduate Department

 Signature of Director of Graduate Program

 Date

 Director's Phone Number