Fellowship/Stipend/Tuition Award Notice

PLEASE SEND ORIGINAL TO:
Paula Lasner

Paula Lasner at plasner@uark.edu

STUDENT NAME:	 First	STUDE	ENT ID:
Last		Program:	:
Is the student a Graduate Assistan	nt (GA)?	If "Yes", please attach copy of To	uition Payment Form
Is the student a Graduate Student of	or Undergraduate Student	? Graduate Underg	araduate
Is the student seeking a degree?	Degree Seeking I	Non-Degree Seeking	J
Check Only One:	Supplement Redu	uction Cancellation	
Please submit Fellowship/Stipend/Tuition	Award Notice for each semes	ster	
FALL SPRING	SUMMER	Hours Enrolled:	Hours Required:
Total Award & CCN Distribution			
Tuition & Fees Distribution:	Cost Center Number (Ex. 0402-12345-67-8912)	Amount	UAConnect Code (Research Accounting Use Only)
Resident Tuition: (In-State)			
Non-Resident Tuition: (Out-of-State) WCOB Differential Fee:			_
Miscellaneous Fees:			
Other Fees: (Special Circumstances Only)			
Room and Board: (On-Campus)			
Room and Board: (Off-Campus)			
Stipends: (Research)			
Stipends: (Non-Research)			
	Total Award		-
		Keseard	rch Accounting/Treasury Use Only
Special Instructions:			
AUTHORIZATIONS:			
Department Head or Authorized Representative		Faculty Mentor (PI) or Authorized Repr	vresentative Data
	Date		Date
		Office Location	Phone Number
Department Phone Nur.			Thomas is a second of the seco
	Prepared by		
		Name and Phone Number	
	REVIEW CHAIN	ROUTING	
		FORMS THROUGH DREX PRIOR TO SEI	:NDING TO RSSP
DEPT Graduate School	DREX (required for companies 0XX3)	surer's Office Research Accounting	g Financial Aid