

Graduate Financial Aid Request Form

Date _____		TCU I.D. Number _____	
This is to request appointment of <input type="checkbox"/> MR <input type="checkbox"/> MS		_____ <small>(Last)</small>	_____ <small>(First)</small> ,who is pursuing the
degree in _____		in the capacity below during the period _____ through _____ <small>(Date)</small> <small>(Date)</small>	
<input type="checkbox"/> New Student	Address _____		
<input type="checkbox"/> Initial Award <input type="checkbox"/> Amended Award	City/State/Zip _____		

University Awards	Total Amount of Stipend	Tuition Award	Summer	Fall	Spring	Summer
Merited Tuition	_____		_____	_____	_____	_____
Graduate Instructor	_____		_____	_____	_____	_____
Graduate Assistant	_____		_____	_____	_____	_____
Teaching Assistant	_____		_____	_____	_____	_____
Fellowship _____	_____		_____	_____	_____	_____
Other _____	_____		_____	_____	_____	_____

Grant Funded Awards	Total Amount of Stipend	Tuition Award	Summer	Fall	Spring	Summer
Research Assistant	_____		_____	_____	_____	_____
Fellowship	_____		_____	_____	_____	_____
Other _____	_____		_____	_____	_____	_____
Grant/PI	_____		_____	_____	_____	_____

FA ITEM TYPE: STIPEND _____ Dept. _____ Fund _____ Acct. _____ Project _____ Project Start Date _____ Project End Date _____	TUITION _____ Dept. _____ Fund _____ Acct. _____ Project _____ Project Start Date _____ Project End Date _____
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Student has been assigned _____ hours of duties weekly.

Notes:

Authorizations:

Principal Investigator/Graduate Advisor

Director/Department Chair

School/College