

Fellowship/Stipend/Tuition Award Notice

PLEASE SEND ORIGINAL TO:
Paula Lasner
 at plasner@uark.edu

STUDENT NAME: _____
Last First M.I.

STUDENT ID: _____

Program: _____

Is the student a Graduate Assistant (GA)? Yes No If "Yes", please attach copy of Tuition Payment Form

Is the student a Graduate Student or Undergraduate Student? Graduate Undergraduate

Is the student seeking a degree? Degree Seeking Non-Degree Seeking

Check Only One: Original Supplement Reduction Cancellation

Please submit Fellowship/Stipend/Tuition Award Notice for each semester

FALL _____ SPRING _____ SUMMER _____ Hours Enrolled: _____ Hours Required: _____

Total Award & CCN Distribution

Tuition & Fees Distribution:	Cost Center Number <small>(Ex. 0402-12345-67-8912)</small>	Amount	UAConnect Code <small>(Research Accounting Use Only)</small>
Resident Tuition: <small>(In-State)</small>	_____	_____	_____
Non-Resident Tuition: <small>(Out-of-State)</small>	_____	_____	_____
WCOB Differential Fee:	_____	_____	_____
Miscellaneous Fees:	_____	_____	_____
Other Fees: <small>(Special Circumstances Only)</small>	_____	_____	_____
Room and Board: <small>(On-Campus)</small>	_____	_____	_____
Room and Board: <small>(Off-Campus)</small>	_____	_____	_____
Stipends: <small>(Research)</small>	_____	_____	_____
Stipends: <small>(Non-Research)</small>	_____	_____	_____
Total Award Amount		_____	_____

Research Accounting/Treasury Use Only

Special Instructions:

AUTHORIZATIONS:

Department Head or Authorized Representative Date

Faculty Mentor (PI) or Authorized Representative Date

Department Phone Number

Office Location Phone Number

Prepared by: _____
Name and Phone Number

REVIEW CHAIN ROUTING

AGRI DEPARTMENTS ARE TO ROUTE FORMS THROUGH DREX PRIOR TO SENDING TO RSSP

DEPT	Graduate School	DREX <small>(required for companies 0XX3)</small>	Treasurer's Office	Research Accounting	Financial Aid
INITIALS/DATE	_____	_____	_____	_____	_____