

Seton Hall University

Graduate Assistant Award Notice

Academic Year _____ - _____

Summer _____

Termination

Revised Award

Last Name _____ First _____ Middle/Maiden _____ CWID _____

Permanent Address _____ City _____ State _____ Zip Code _____ Telephone # _____

TYPE OF AWARD:

Initial Renewal International Student

- Teaching Assistantship
- Research Assistantship
- Administrative/Student Services Assistantship
- Traineeship
- Fellowship

Degree _____
 School/College _____
 Concentration _____
 Credits Required for Program _____
 Credits Completed to Date _____
 Expected Grad. Date _____
 Department Assigned to _____

Financial Aid Office Code _____

Do not include stipend in this area. Report tuition by credits or specific dollar value.

AWARD VALID FOR

Semester/Year	Credits/Dollar Amt.
<input type="checkbox"/> FALL _____	_____
<input type="checkbox"/> SPRING _____	_____
<input type="checkbox"/> SUMMER SESSION I _____	_____
<input type="checkbox"/> SUMMER SESSION II _____	_____
<input type="checkbox"/> OTHER SUMMER SESSION _____	_____

(Please indicate.)

UNIVERSITY FUNDED ONLY

Name of Department _____ Index No. _____

GA Tuition Remission 133191-6532

No Stipend

Stipend Amount for Above Period \$ _____ Account No. 6531

FUNDED BY OUTSIDE SOURCES

Name of Outside Agency _____ Grant/Contract Director _____

Tuition Univ. Fee Graduation Fee (check application) Funded by Above Agency Index _____

No Stipend

Stipend Amount for Above Period \$ _____ Account No. _____

DUTIES ASSIGNED (IMPORTANT - DO NOT LEAVE BLANK):

Approved:

Department Chair or Administrator _____ / _____
Date

Provost _____ / _____
Date

Grants Accountant _____ / _____
 (Grants Only) Date

PLEASE PROVIDE ALL STUDENT DATA OR FORM WILL NOT BE PROCESSED.