

Academic Stipend Authorization Form

In order to be paid, the Academic Stipend Memo must be subtricted payroll Office each month. Academic Stipend payments are processed with the Student Payroll which is generally paid on the 14h of each month.

Studer	nt Name:	Student ID #					
Classi	fication	Department Assigned					
6 X S	HUYLVRU¶V	1 D P F	I BBBBE	BBBBBBBBBBB	albeBBBBB	<u> </u>	ВВВВ
Start D	Date: Month D)ay	_Year (May Not Cro	_ End Date: Month oss Fiscal Yea@7/01-06/30)	Date: _	Year	
*Criter	ia:						
						- -	
						-	
1	Signature of Stipend Rec	inientDate	2.	Department Head/PI		 Date	
3		•	4.				
5.	Dean/Vice President	Date	6.	AVP for Budget and R	Inning	Date	
·	Grants and Contracts	Date	<u> </u>	Student Financial Aid\$	cholarships	Date	

Please Note: Stipend Recipient Monthly Progress Report should be attached signed Stydent and Advisor (PI).