TUSKEGEE UNIVERSITY

ACADEMIC STIPEND MEMO

To: Payroll Office

From: _____

RE: Academic Stipend

Purpose:

_____
_____
_____
_____

Date: _____

Please process an Academic Stipend/Scholarship for the students (s) listed below:
Payment is for the Month of_____.

_____	_____	_____
_____	_____	_____
_____	_____	_____
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