



Requests Due Before January 4, 2019

Please print this form and mail to: Graduate School Office, Reynolda Village

Student Name _____ ID _____

Department _____

FULL-TIME SCHOLARSHIP

Fall 2019 Spring 2020

PARTIAL SCHOLARSHIP (full-time students)

Fall 2019 Spring 2020

PART-TIME SCHOLARSHIP

Fall 2019 Number of Hours _____

Spring 2020 Number of Hours _____

FELLOWSHIP

Fall 2019 Spring 2020

GRADUATE ASSISTANTSHIP

Fall 2019 Source of Funding _____

Spring 2020 Source of Funding _____

RESEARCH ASSISTANTSHIP

Fall 2019 Grant # _____ Source of Stipend _____ Faculty Name _____

Spring 2020 Grant # _____ Source of Stipend _____ Faculty Name _____

TEACHING ASSISTANTSHIP

Fall 2019 Source of Stipend _____

Spring 2020 Source of Stipend _____

Date

Approval Signature of Graduate Program Director

FOR GRADUATE SCHOOL OFFICE USE ONLY

Date

Approved Denied