



Requests Due Before January 6, 2020

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

Student Name _____ ID _____

Department _____

FULL-TIME SCHOLARSHIP

Fall 2020 Spring 2021

PARTIAL SCHOLARSHIP (full-time students)

Fall 2020 Spring 2021

PART-TIME SCHOLARSHIP

Fall 2020 Number of Hours _____

Spring 2021 Number of Hours _____

FELLOWSHIP

Fall 2020 Spring 2021

GRADUATE ASSISTANTSHIP

Fall 2020 Funding Source _____

Spring 2021 Funding Source _____

RESEARCH ASSISTANTSHIP

Fall 2020 Grant # _____ Funding Source _____ PI Name _____

Spring 2021 Grant # _____ Funding Source _____ PI Name _____

TEACHING ASSISTANTSHIP

Fall 2020

Spring 2021

Date

Signature of Graduate Program Director