Graduate Assistantship Tuition and Fees/Health Insurance Designation Form Summer 2023 (202330)

W Number			Last Name				First Name				Middle Name		Date		
w															
College Pro	Hiring Department			Completed By				Phone							
STIPEND SOURCE Dept/Other:											☐ ½ GA ☐ Full GA ☐ Other				
SOURCE OF FUNDS FOR TUITION AND FEE REDU					CTION	ΓΙΟΝ									
Account Number(s)/Grant ID(s)						Amount(a)			Credit Hours	Remarks					
Summer (202330)															
		R HEALTH	INS., DEPAR	RTMEN	TAL, OR										
OTHER FE						List a				1					
Account Number(s)/Grant ID(s)							Amoun	t(s)				Remai	·ks		
Summer (202330)															
NEW FUNDING (utilize continuation form for additional strings; each effective date must total 100%)															
<b>NEW FUNI</b>	OING (utiliz	e continua	tion form fo	r additi	ional stri	ings; ea	ich effective da	ite must t	otal 100	)%)					
NEW FUNI Effective Date	<b>DING (utiliz</b> Percent	<b>e continua</b> Entity	Account	<b>r additi</b> Func Code	d F	<b>ings; e</b> a Fund ource	och effective da Organization	Expense Class			Activity	Future	Project	Task	
Effective				Func	d F	und		Expense			Activity	Future	Project	Task 1	
Effective				Func	d F	und		Expense			Activity	Future	Project		
Effective				Func	d F	und		Expense			Activity	Future	Project	1	
Effective	Percent			Func	d F	und		Expense			Activity	Future	Project	1	
Effective Date  TOTAL ST	Percent	Entity		Func	d F	und		Expense			Activity	Future	Project	1	
Effective Date  TOTAL ST  ADDITION	Percent  IPEND  AL COMME	Entity		Func	d F	und		Expense			Activity	Future	Project	1	
Effective Date  TOTAL ST  ADDITION  SIGNATUR	Percent  IPEND  AL COMME	Entity		Func	d F	und	Organization	Expense	Prog		Activity	Future	Project	1	
TOTAL ST ADDITION  SIGNATUR Completed By	Percent  IPEND  AL COMME	Entity NTS		Func	d F	und	Organization	Expense Class	Prog		Activity	Future	Project	1	