

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

W Number	Last Name	First Name	Middle Name	Date								
W												
College Program (student)	Hiring Department	Completed By	Phone									
<b>STIPEND SOURCE</b>	<input type="checkbox"/> Dept/Other:		<input type="checkbox"/> ½ GA	<input type="checkbox"/> Full GA <input type="checkbox"/> Other								
<b>SOURCE OF FUNDS FOR TUITION AND FEE REDUCTION</b>												
Account Number(s)/Grant ID(s)		Amount(s)	Credit Hours	Remarks								
Summer (202330)												
<b>SOURCE OF FUNDS FOR HEALTH INS., DEPARTMENTAL, OR OTHER FEES</b>		<b>List all</b>										
Account Number(s)/Grant ID(s)		Amount(s)	Remarks									
Summer (202330)												
<b>NEW FUNDING (utilize continuation form for additional strings; each effective date must total 100%)</b>												
Effective Date	Percent	Entity	Account	Fund Code	Fund Source	Organization	Expense Class	Program	Activity	Future	Project	Task
												1
												1
												1
<b>TOTAL STIPEND</b>												
<b>ADDITIONAL COMMENTS</b>												
<b>SIGNATURES</b>												
Completed By					Date		Cost Center Approver				Date	
Office of Graduate Education							Signature				Date	