

Request to Amend Tuition Remission/Scholarship Verification Form

[Deadline Dates for Submission of Forms](#)

A. Student Name _____ **Person Number:** _____
(please print) Last First

B. Original Information Semester/Year _____

Funding Unit:
 Entity Code _____ RF/UBF Account # _____ IFR # _____
 Academic Department/Unit Name _____

C. Information to Change

	FROM	TO
_____ 1.	# of Graduate credit hours: _____ or Lump Sum Payment \$ _____	# of Graduate credit hours: _____ or Lump Sum Payment \$ _____
_____ 2.	TAP INFORMATION _____ have applied _____ have <i>not</i> applied	TAP INFORMATION _____ have applied _____ have <i>not</i> applied
_____ 3.	Funding Unit Entity Code _____ or RF/UBF/IFR Account # _____	Funding Unit Entity Code _____ or RF/UBF/IFR Account # _____
_____ 4.	Please provide a brief description of why this change is needed: _____	
_____ 5.	Delete the Tuition Scholarship	Reason: _____
_____ 6.	Stipend Amount \$ _____	Stipend Amount \$ _____
_____ 7.	Dates of Appointment: _____	Dates of Appointment: _____

D. Funding Supervisor _____ **Date** _____
 or Principal Investigator (print & sign)

Dean/Vice President _____ **Date** _____
(print & sign)

Dean's Entity Code _____