Scholarship/Fellowship Payment Request

Date ___________________________  Academic Year ___________

Department Code ___________  Compass Fund Code ___________  FAMIS Account # ________________

Name of Account __________________________________________________________

Contact Person ___________________________________________ Telephone (___) ____ - _____ Email________________________

Please check action requested (one):

□ Payment  □ Revision
□ Cancellation  □ Force

Fellowship Payment:

□ Lump Sum (once per semester)
□ Multiple Disbursements* (monthly)

*Number of Payments  Fall: 5  Spring: 4  Summer: 3

PLACE “X” IN APPROPRIATE PAYMENT BOX

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<th>UIN</th>
<th>Student Name</th>
<th>Total</th>
<th>Fall/Spring</th>
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Funds cannot be cancelled after 12th class day for Fall/Spring payments and 4th class day for Summer payments.

If account carries non-resident tuition waiver eligibility, were recipients selected from a competitive pool of residents and non-residents?

□ YES  □ NO

May recipients receive funds if enrolled less than full-time due to co-op, internship, study abroad, or final semester before graduation?

□ YES  □ NO

Comments/notes:

Please submit signed form to:
Scholarships & Financial Aid
MS 1252
Phone: 979-845-3982
Email: fellowschol@tamu.edu

Signature of Authorized Requestor