



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

For SFA Office Use: (initial and date)
 Fund Code _____
 Entered _____
 Cancelled _____
 Verified _____

PLACE "X" IN APPROPRIATE PAYMENT BOX

UIN	Student Name	Total	Fall/ Spring	Fall Only	Spring Only	Summer	Summer I	Summer II

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: fellowshol@tamu.edu

 Signature of Authorized Requestor