



Federal Traineeship Authorization
Summer 20____

List Recipients alphabetically, last name first. Please list only one account number per page. Authorization must be signed and dated, then forwarded to the Office of Cost and Contract Grant Accounting.

Department: _____ Dept. Contact Signature: _____ Phone _____

Operating Unit: _____ Department Number: _____ Fund Number: _____ Class Code: _____

PC Business Unit: _____ Project ID: _____ Activity ID: _____ Date _____

FULL-TIME ENROLLMENT (12 hours) REQUIRED UNLESS OTHERWISE NOTED

STUDENT WILL RECEIVE TOTAL AMOUNT LISTED

LAST NAME, FIRST NAME	BANNER ID		Summer	Enrolled Less Than Full-Time
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>
		Tuition and Fees		<input type="checkbox"/>
		Stipend		<input type="checkbox"/>

Comments: _____

CGA Signature: _____

Date: _____

Grad School Signature: _____

Date: _____ FT _____ Date Loaded: _____