

Graduate Assistantship (GA)/Fellowship Verification

Purpose:

To provide for the awarding of in-state tuition rates for qualifying students pursuant to the § 16-64-2, Code of Alabama, as authorized by the Board of Trustees of Alabama A&M University. To the extent federal law governs and is in conflict with Alabama law, federal law shall apply.

	Name:					
	LAST	FIRST		DDLE	MAIDEN NAME	
	Student Banner ID Number:		Student Mob	oile Number:		_
	Permanent Address:					
	Local Address:					
	AAMU Bulldog Email Address:					
	Source of Gra	duate As	ssistantship (GA)/Fellow	ship Award	
or Graduate Assistants, in order to receive in-state tuition for tuition purposes <u>ONLY</u> , students must be employed by the University prior to the of registration for the term which the in-state rate is requested.						
_	Name of Sponsoring Department:					
	Type of Award:Graduate Assistantship		Fellowship			
	Amount of Award: \$	per	Month	Semester	Year	
	Term(s) of Award:Fall, Year_		Spring, Year	Sum	mer, Year	
	Student Signature:			Date:		
	Supervisor Signature:			Date:	· · · · · · · · · · · · · · · · · · ·	
	Budget Manager Signature:			Date:		

If, at any point during the student's term of employment, he or she ceases to work in the position outlined above, it is the **Supervisor's** responsibility to promptly notify the School of Graduate Studies of the change in status.

An award terminated during the term, which results in the loss of eligibility, will result in the assessment of the non-resident fee to the students' account. Any resulting balance must be paid in accordance with University Policy governing student account balances.