

Computer Science Department Workflow Stipend Payment Form

DATE: _____

REQUESTED BY: _____

STUDENT NAME: _____

STUDENT'S BANNER ID: _____

Graduate Under Grad

RESIDENCE: Resident Non-Resident

CITIZENSHIP: U.S. Citizen Foreign National

TERM: _____

INDEX: _____

REQUIRED ENROLLMENT: 0 Hrs <1/2 Time 1/2 Time 3/4 Time Full Time Full Time w/GATA

IS THERE A SERVICE OR WORK REQUIREMENT? Yes No

STIPEND AMOUNT: Fall Semester Spring Semester Summer Semester Total Stipend
(Per Month)

August: _____	January: _____	June: _____
September: _____	February: _____	July: _____
October: _____	March: _____	
November: _____	April: _____	
December: _____	May: _____	

Total:

BUSINESS PURPOSE:

FACULTY SIGNATURE: _____

DATE: _____

Do not write below this line

FOR ADMINISTRATIVE USE

Do not write below this line

DATE RECEIVED: _____

DATE SUBMITTED: _____

ACCOUNTANT REVIEW: _____

WORKFLOW ID NO.: _____

CALCULATED AMOUNT: _____

NOTES: _____

