



GRADUATE SCHOOL
OF ARTS & SCIENCES
705 Commonwealth Avenue
Boston, MA 02215

**DEPARTMENTAL AID
RECOMMENDATION FORM**

New Student
Continuing Student

LAST NAME, FIRST: _____,

BU ID NO.: _____

DEPARTMENT: _____

Department Recommendation

Academic Year ____/____

	SEM1	SEM2	Source of Payment UNIT-DEPT-OBJ-SOURCE (Coding must be complete)
Teaching Fellow Scholarship.....	<u>\$xxxxxxx</u>	<u>\$xxxxxxx</u>	
Teaching Fellow Stipend.....	<u>\$</u>	<u>\$</u>	<u>20-</u> <u>-902</u>
Graduate Scholarship.....	<u>\$</u>	<u>\$</u>	<u>20-</u> <u>-939</u>
Graduate Stipend.....	<u>\$</u>	<u>\$</u>	<u>20-</u> <u>-902</u>
Research Assistant Scholarship.....	<u>\$</u>	<u>\$</u>	<u>20-</u> <u>-939-</u> <u>-5</u>
Research Assistant Stipend.....	<u>\$</u>	<u>\$</u>	<u>20-</u> <u>-902-</u> <u>-5</u>
*Other Scholarship.....	<u>\$</u>	<u>\$</u>	_____
*Other Stipend.....	<u>\$</u>	<u>\$</u>	_____
Medical Insurance Credit.....	<u>\$</u>	<u>\$</u>	_____
Dean's Fellow Scholarship.....	<u>\$</u>	<u>\$</u>	<u>16- 538 -939</u>
Dean's Fellow Stipend..... # of Years including DF year	<u>\$</u>	<u>\$</u>	<u>16- 538 -939</u>

*Explain in comments below.

NO AID

Comments: _____

Chairman's signature

Date

FAO USE ONLY

BB _____

AD _____