

BOSTON UNIVERSITY
GRADUATE SCHOOL OF
ARTS AND SCIENCES

Financial Aid Award Change Form

Department _____

Mr./Ms. _____
Last First ID No.

Please note: The Award Change Form is to be used to make changes to a student's original award. Questions regarding the use of this form should be directed to the GRS Financial Aid Office, 705 Commonwealth Avenue, Room 112, or extension 3-2696.

TOTAL ORIGINAL AWARD

Department Recommendation	Academic Year 20__ / ____				Source of Payment
	SUM1	SUM2	SEM1	SEM2	UNIT-DEPT-OBJ-SOURCE (Coding must be complete)
TF Scholarship	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	
TF Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -902</u>
Graduate Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -939</u>
Graduate Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -902</u>
Res. Asst. Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>- -939- -5</u>
Res. Asst. Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>- -902- -5</u>
*Other Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	_____
*Other Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	_____
Medical Insurance.....	\$ _____	\$ _____	\$ _____	\$ _____	_____

*Explain in comments below.

No Aid

Comments: _____

TOTAL REVISED AWARD

Department Recommendation	Academic Year 20__ / ____				Source of Payment
	SUM1	SUM2	SEM1	SEM2	UNIT-DEPT-OBJ-SOURCE (Coding must be complete)
TF Scholarship	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>	
TF Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -902</u>
Graduate Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -939</u>
Graduate Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>20- -902</u>
Res. Asst. Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>- -939- -5</u>
Res. Asst. Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	<u>- -902- -5</u>
*Other Scholarship.....	\$ _____	\$ _____	\$ _____	\$ _____	_____
*Other Stipend.....	\$ _____	\$ _____	\$ _____	\$ _____	_____
Medical Insurance.....	\$ _____	\$ _____	\$ _____	\$ _____	_____

*Explain in comments below. If this is a request for GRASP funding, please indicate name of P.I. in the comments section.

No Aid

Comments: _____

Chair/Director's signature

Date

GRS USE ONLY

BB ____
AD ____