

**Boston University – College of Engineering
Request for UNIT 16 - Student Tuition Assistance**

To be filled out by the student's Academic or Research Advisor. Please use one form per student. Return to Financial Aid Coordinator, Graduate Programs Office.

Dept./Div. (check one): BME ECE ME/MFG MSE SYS BNF

Student Name: _____ Student ID #: _____

Student Email Address: _____

<u>Sem./Year (Fill in)</u>	<u># of Credits Requested</u>		
Sum I 20__	_____	Fall 20__	_____
Sum II 20__	_____	Spring 20__	_____

Reason for Request: _____

Funding History:

<u>Sem./Year</u>	<u>Position & Source of Funding</u>	<u>Sem./Year</u>	<u>Position & Source of Funding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total # of credits earned to date: _____ # of additional credits required to complete degree: _____

Future plans for funding student: _____

Advisor Signature: _____ Date: _____

Advisor Name (print): _____

Dept. Coord.: Recommend Do Not Recommend _____
 Signature/date

Comments: _____

Assoc. Dean: Approve Deny _____
 Signature date

Comments: _____