

Graduate Tuition Remission/Scholarship Verification

University at Buffalo

The State University of New York

Student Advisement, Resources & Financial Services

Office of Student Accounts

Phone: **716-645-1800** FAX: **716-645-7760**

Return form to: Office of Student Accounts

University at Buffalo, 232 Capen Hall

Email: **UBstudentaccounts@buffalo.edu**

Last Name: _____ First Name: _____ MI: _____ Person #: _____

US Citizen or Permanent Resident? Yes ☐ No ☐ If Yes, New York State Resident? Yes ☐ No ☐

Tuition charged to: Dept ☐ Grant ☐ IFR ☐ Start-Up ☐ Dean ☐

A. Academic Unit Certification of Eligibility for Tuition Remission/Scholarship

- Intended Degree: ☐ Masters ☐ Doctorate ☐ Professional
- _____ Total graduate/professional credit hours attempted at UB (*do not count hours for current AY*).
- _____ Total transfer credit hours from outside UB applicable to current degree program.
- _____ Total credit hours of graduate tuition remission/scholarship support received to date.
- _____ Total number of semesters of graduate tuition remission/scholarship support received to date.

Certified by (*please print*): _____ Signature: _____ Date: _____

Academic Department/Unit: _____ Address: _____ Phone: _____

B. Funding Supervisor/Principal Investigator (PI) Section For split funding, please provide details on separate lines below.

Fall 20__

Appointment type: ☐ TA ☐ GA ☐ RA ☐ Fellowship ☐ Training Grant

Number of Credit Hours Funded or Lump Sum Payment. Use only Credit Hours for RF Grants. Lump Sum cannot exceed tuition.

- _____ Credit Hours OR \$ _____ Entity Code: _____ RF/UB/IFR Account #: _____
- _____ Credit Hours OR \$ _____ Entity Code: _____ RF/UB/IFR Account #: _____

Spring 20__

Appointment type: ☐ TA ☐ GA ☐ RA ☐ Fellowship ☐ Training Grant

Number of Credit Hours Funded or Lump Sum Payment. Use only Credit Hours for RF Grants. Lump Sum cannot exceed tuition.

- _____ Credit Hours OR \$ _____ Entity Code: _____ RF/UB/IFR Account #: _____
- _____ Credit Hours OR \$ _____ Entity Code: _____ RF/UB/IFR Account #: _____

C. I certify the availability of Tuition Remission Scholarship Funds as described above

Funding Supervisor or Principal Investigator (Print) _____ Signature _____ Date _____

Stipend Amount \$ _____ Paid from Account # _____ Appointment Start Date _____ Appointment End Date _____

D. Verify Availability of Tuition Remission/Scholarship Funds

SEAS Dean's Signature _____ Date _____ Entity Code _____