

UNIVERSITY OF MINNESOTA DULUTH  
**Scholarship, Grant, Fellowship Authorization**

For CLA internal use only

Route to your Dean's Office. To fill in form, place the cursor in a field and type. Print a copy to add required signature(s) in ink.

Student payment information									
Student last name			First name			Middle initial		UM ID #	
Name of scholarship, grant, or fellowship award to be paid to this student									
Chart Field String									
Fund	Deptid	Program	Account	PCBU	Project	Fin Emplid	CF1	CF2	CS
<input type="checkbox"/> This is a new award <input type="checkbox"/> Change an existing award. <input type="checkbox"/> Cancel <input type="checkbox"/> Increase <input type="checkbox"/> Decrease									
Payment amount per term for fiscal year: .						Fall	Spring	Summer	
Minimum enrollment requirement									
<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time									
Department information									
Comments/special instructions									
Prepared by									
E-mail address			Phone						
Department name					Authorized department signature			Date	
Campus address					Authorized dean's office signature			Date	
<b>Office use only</b>		Item type			Date entered			Staff	