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**MANHATTAN COLLEGE** Please indicate term:

**GRADUATE ASSISTANTSHIP**  Fall 20 **\_\_\_\_**

**& SPECIAL PROGRAMS** Spring 20 **\_\_\_\_**

Sum 1 20 **\_\_\_\_**

Sum 2 20 **\_\_\_\_**

Financial Aid Instructions:

All Graduate students who receive any type of Financial Aid grants to be used toward tuition and/or fees, **MUST** complete this form each semester and provide a copy of the letter either from Manhattan College or the appropriate agency indicating their eligibility.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below and have the form completed and signed by your Program Director or Department Chairperson, at time of registration, then by the Office of Student Financial Services. **If there are any changes in enrollment, or your bill changes for any reason, it is your responsibility to inform the Office of Student Financial Services. Students will be personally responsible for any balance not covered by financial aid.**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature Date

**TO BE COMPLETED BY PROGRAM DIRECTOR/DEPARTMENT CHAIRPERSON:**

**Financial Aid Fund Code: Department Supervisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department & Org. Code: Please indicate if the student will be paid out of**

**campus employment funding/stipend for any**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ additional hours worked beyond the commitment:**

**Number of Credits covered by award: \_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hour commitment per week: \_\_\_\_\_\_\_\_ hrs**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director/Department Chairperson’s Print Name Program Director/Department Chairperson’s**

**Signature**

**TO BE COMPLETED BY OFFICE OF STUDENT FINANCIAL SERVICES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total Amount of Tuition Financial Aid Signature and Date

**\*\*\*INCOMPLETE FORMS WILL NOT BE PROCESSED\*\*\***