



University of Pittsburgh
GRADUATE STUDENT TUITION SCHOLARSHIP

GSA (Graduate Student Assistant)
TA (Teaching Assistant)
TF (Teaching Fellow)
GSR (Graduate Student Researcher)

• Please print clearly • Shaded areas are for school use only •

STUDENT - Complete all unshaded areas.
 APPOINTMENT AUTHORIZATION - Read affidavit. Write your department and sign.
 DEAN OR DIRECTOR-Complete all shaded areas.
Appointment Type and Level of Appointment-Check appropriate box for each.
Tuition Aid Account Number - Write the appropriate two digits associated with the unit of the student's appointment as defined in SPI-6 under Financial Aid. Then write the last digit in sub-code (refer to the box checked in "Appointment Type").

Student Health Fee or Computing/Network Services Fee Aid Account Number- Leave Blank. The two digits are the same as the "Tuition Aid Account Number."
Campus-Write appropriate code, see "" at bottom of form.
Term-Write the three digit numeric term code found at the top of the STATEMENT (Invoice)
Tuition Amount-Do not exceed the maximum tuition scholarship amount found in the University Tuition Schedule (SPI-45), and use the guidelines in the POLICY STATEMENT for GSAs, TAs, TFs and GSRs available from the Provost's Office.
Student Health Fee - Only use if student's level of appointment is full-time (working 20 hours per week)

Student Name (Last, First, M.I.) _____

Appointment Type (Last digit of "Tuition Aid Account Number")
 GSA (1) TA (1) TF (1) GSR (0)

Level of Appointment (Maximum number of credits for tuition scholarship)
 1/4 (3 cr. max.) 1/2 (6 cr. max.) 3/4 (9 cr. max.) full-time (15 cr. max.)

ACADEMIC INFORMATION

Student Is Registered For _____ CREDITS For Term _____ School Enrolled _____

AFFIDAVIT

I certify that I am registered for the required credits to maintain my appointment at the University for the term indicated.

I certify that the above information is in accordance with the terms of this student's appointment and in compliance with University policy for the term indicated.

Department of Appointment _____

Student Signature _____ Date _____ Appointment Authorization Signature _____ Date _____

Rules and regulations governing the awarding of a Graduate Student Tuition Scholarship are subject to change at the University's discretion and/or as required by external regulations.

Tuition Aid Account Number: 2 0 7 3 | 6 2 Type: N

Student Health Fee Aid Account Number: 2 0 7 3 | 6 2 2 Type: R

Computing/Network Serv. Fee Aid Account No.: 2 0 7 3 | 6 2 4 Type: R

Validated (Do not write here.)

Student Last Name: _____

Tuition Amount: _____

Term: _____

Student Health Fee: _____

Computing/Network Serv. Fee: _____

Basis For Award _____

I certify that the information on this form is true, correct, and a proper charge to the aid accounts indicated.

Authorized By Dean or Director _____ Date _____

DISTRIBUTION: After form is completed, student must present the WHITE COPY to Cashiers' Office when paying Invoice. If paying by mail, the WHITE COPY must be enclosed with Invoice. Issuer retains the YELLOW COPY.