

Graduate Grant Authorization Form

The Graduate Grant Authorization form is used by University departments to request grant funds not awarded through assistantships, fellowships, and scholarships for a graduate student. The funds are credited to the student's Bursar account. It is not to be used for compensation payments or for the reimbursement of expenses.

Complete and forward to the appropriate accounting office:

- Funds 13 or 91, or any other fund that includes the sponsored awards/cost sharing chart fields, the completed form should be mailed to: Office of Sponsored Accounting, Lyman Hall; Phone: 315-443-2059; Fax: 315-443-2094
- Funds 15 or 16, the completed form should be mailed to: Restricted Accounting, Skytop Office Building; Phone: 315-443-2522; Fax: 315-443-2676
- All others, the form should be mailed to: General Accounting, Skytop Office Building; Phone: 315-443-2522; Fax: 315-443-2676

After accounting approval, forms are forwarded to Graduate Awards. Grants are posted to the student's financial aid account and then credited to their Bursar account. **Deadlines:** Grant authorizations will be processed by Graduate Awards within three working days, except for busy time periods prior to opening weekends in the fall and spring and commencement.

All requests for refunds or checks must be made in writing (and must include a copy of the original Graduate Grant Authorization Form), to the Bursar's Office, Attention: Debbie Amedro, damedro@syr.edu, 119 Bowne Hall; Phone: 315-443-2444. Department awards may impact a student's other financial aid and may necessitate an adjustment to Federal Work Study and educational loans in order to remain in compliance with federal, state and institutional regulations. The Office of Financial Aid will notify students about any adjustments.

*Departments are responsible for ensuring students are registered as planned and funds are charged correctly to accounts. Do not use this form for stipends, payment for services, or reimbursements, please process through disbursements.

Date: **Student Name (First Middle Last):** _____

SUID: **Academic Year:** (i.e., 2015-2016)

Term (required, check one): Fall Spring Fall & Spring Summer

Account Name: Dept./School/College

CHARTSTRING:

Fund	Department	Program	Account	MyCode	Project	Activity	Budget Reference

(For Sponsored Awards and Cost sharing only)

*Tuition \$ **Non-tuition \$ Total \$ Comments:

Authorized Signer (please print): **Phone #** **Email:**

Signature

Person Completing Form: **Phone #** **Email:**

Accounting Office/Grad Awards Only

1. Accounting Office Approval: _____ Date: _____
2. Item Type: _____ FA Package Status: _____
3. Grad Awards Initials: _____ Process Date: _____