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 emailed to: Office of Sponsored Accounting – [contacct@syr.edu](mailto:contacct@syr.edu); Phone: 443-2059; fax: 443-2094
* **Funds 15 or 16**, the completed form should be emailed to: Restricted Accounting mailbox restracc@syr.edu
* **All others**, the form should be emailed to: General Accounting – [genacctg@syr.edu](mailto:genacctg@syr.edu), Phone: 443-2522 Fax: 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 3 working days except for busy time periods prior to opening weekend 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**](mailto:damedro@syr.edu)**, 119 Bowne Hall; Phone: 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.**



**Date:**1/12/2023 **Student Name (First Middle Last):**

***SUID:*** **Academic Year:**      *(i.e. 2023-2024)* \****Is student enrolled for awarded semester?***      

## Term (required, check one): Summer 2023 Fall Spring Fall & Spring Summer 2024

## Account Name:      Dept/School/College

**CHARTSTRING:**

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| Fund | |  | Department | | | | |  | Program | | | | |  | Account | | | | | |  | MyCode | | | | | |  |  | Project | | | | |  | Activity | | |  | Budget Reference | |  |
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(**For Sponsored Awards and Cost sharing only)**

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

\*Departments are responsible for ensuring students are registered for classes (or GRD998), and that funds are being charged to the correct accounts

\*\* DO NOT USE THIS FORM for Stipends, Payment for Services, Reimbursements-These process through Disbursements

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_