



E&G Graduate Assistantship Alternate Funding Source for Stipend and/or Waiver 2023/2024

This form is used to notify the Office of Graduate Studies of an alternate funding source for the Graduate Assistantship (GA) stipend and/or waiver when the Graduate Assistantship is not funded by the GA base pool budget. It is the responsibility of the department to obtain funding. Please complete the form, obtain approval signature(s), and return to the **Office of Graduate Studies by May 5th, 2023**. The Office of Graduate Studies or the Budget office will enter budget transfers. For questions on this form, contact the Office of Graduate Studies or the Budget office. **Individual departments/offices will be required to cover out of state tuition costs, if the GA waiver is not funded by the GA base pool budget. If your GA Appointment is a non-resident, you will be required to resubmit this form with the required additional funds to cover the out of state tuition difference (please see other side of this form for exact costs).**

Possible sources of funds:

- Use of department/office E&G and/or Academic Enhancement operating budget;
- Use of Dean/Director, Vice Provost, Vice President, or President residual carryforward reserves or reallocation of funds within the college or division;
- External funding sources
- Increase to Academic Enhancement department/office operating budgets

Department/Office **REQUESTING** Funding for APPROVED GA

*(If you are requesting funds for multiple GAs, please complete a **SEPARATE** form for each GA request)*

Dept./Office Name: _____ Dept./Office Funds Center #: _____
(Budget will be transferred into the salary & benefit commitment item(s) in this Funds Center
 CI 510581 stipend CI 598581 waiver)

Stipend Amount (\$): _____ Waiver Amount (\$): _____

 (Print & Sign) Program Coordinator/Job Supervisor

 Date

Funding Source

Funds Center #: _____
(Budget will be transferred from this Funds Center # into the Dept./Office Funds Center # in the section above)

Commitment Item(s) # to transfer funds from: _____ Amount (\$): _____
(Budget will be transferred from this Commitment Item(s) # into the Stipend & Waiver Commitment Item for the Dept./Office Funds Center # listed in the section above)
(Must equal Stipend Amount & Waiver Amount above)

 (Print & Sign) Dean/Director/Asst Vice President/Vice President/President Responsible for this Funds Center

 Date

Funding Source

(Complete only if there are multiple funding sources)

Funds Center #: _____

Commitment Item(s) # to transfer funds from: _____ Amount (\$): _____

 (Print & Sign) Dean/Director/Asst Vice President/Vice President/President Responsible for this Funds Center

 Date