



# NORTHERN ARIZONA UNIVERSITY

## Graduate Scholarship (Tuition Waiver) Recommendation 2008-2009

To be completed by the department

Student's Full Name (First, M.I., Last) \_\_\_\_\_ NAU ID# \_\_\_\_\_

Address - (street/box number, city, state, zip) \_\_\_\_\_ (Award letter will be mailed to the address on LOUIE unless different address is noted above)

Telephone Number (Home/Work) \_\_\_\_\_ / \_\_\_\_\_ Academic Department \_\_\_\_\_ Box No. \_\_\_\_\_

Student's e-mail \_\_\_\_\_ Departmental contact \_\_\_\_\_ Phone \_\_\_\_\_

Type of Scholarship Requested: (check one) Non-Resident \_\_\_\_\_ Resident \_\_\_\_\_  
(All scholarship recipients must be registered as full-time graduate students - minimum 9 hours) (Arizona Residents Only)

Check box if student is seeking residency reclassification.

Check box if student is also a graduate assistant.   
Attach justification if you recommend a graduate assistant for a resident waiver.

Waiver is for the: Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Department Chair or Designee \_\_\_\_\_ Extension No. \_\_\_\_\_ NAU Box No. \_\_\_\_\_ Date \_\_\_\_\_

Departments should forward signed requests to the Graduate College, Box 4125. For questions, call ext. 3-4349

To be completed by the Graduate College

Approval by Graduate College \_\_\_\_\_ Date \_\_\_\_\_

Admit Semester: \_\_\_\_\_ Admission Status: \_\_\_\_\_

Academic Plan \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Arizona Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_ Visa \_\_\_\_\_

Grade Point Average: Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_

Graduate Hours Completed: \_\_\_\_\_ Date Logged \_\_\_\_\_ Cycle \_\_\_\_\_ revised 02/28/08