Appointing Department: __________________________________________________________

Department Contact Person: ___________________________________________________

Campus Phone: ____________________

Student’s Name: ____________________________________________________________ URI ID#: ________________

Semester(s): Summer 2019 ☐ Fall 2019 ☐ Spring 2020 ☐ Summer 2020 ☐

Item Type: (To be completed by Enrollment Services) ________________________________

Scholarship Name (if applicable): ________________________________________________

Foundation Fund Number (if applicable): __________________________________________

Research Assistantship? Yes ☐ No ☐

Department’s justification for waiver payments: ____________________________________

Waiver to be charged to: (Please Note – Health Insurance waiver. If any should NOT be included below)

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>Department</th>
<th>Program</th>
<th>Project</th>
<th>Waiver Amount</th>
<th>Special Note</th>
</tr>
</thead>
</table>
| *Use 6584 for grad tuition  
*Use 6583 for fees | | | | | | |
| | | | | | | |
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| | | | | | | |

1. Department Authorization: ___________________________________ Date: ________

Note: Attach original contract/study agreement.

2. Graduate School: ___________________________________ Date: ________

If student has Research Assistantship, has contract & study agreement been entered?

For Graduate School use only Yes ☐ No ☐

3. Foundation (Fund 401): ___________________________________ Date: ________

4. Office of Sponsored Projects (Fund 500): ___________________________ Date: ________

*Is student eligible for Tuition Differential (account 6584 only)? Yes ☐ No ☐ If No and

100.0000.6028 is reflected above with any amount, OSP returns form to Department Contact Person

For Office of Sponsored Research use only

5. Budget & Financial Planning (all except Fund 500 & Fund 401) ______________ Date:____

6. Enrollment Services: _________________________________________ Date: ________