

Appointing Department: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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Student Name: \_\_\_\_\_ URI ID #: \_\_\_\_\_

Semester(s): Summer 2025 \_\_\_\_ Fall 2025 \_\_\_\_ Spring 2026 \_\_\_\_ Summer 2026 \_\_\_\_

Foundation Fund # (if applicable): \_\_\_\_\_ Item Type (*Enrollment Services*): \_\_\_\_\_

Scholarship Name (if applicable): \_\_\_\_\_

Department Justification for Waiver Payments: \_\_\_\_\_

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Waiver Payment                  Scholarship

**Waiver to be charged to:** (*Please note Health Insurance waiver, if any should NOT be included below*)

Account	Fund	Department	Program	Project	Waiver Amount (in dollars)	Notes
6582						

1. Department Authorization: \_\_\_\_\_  
*Note: Attach original contract/study agreement*

Date: \_\_\_\_\_
2. Office of Sponsored Projects (Fund 500): \_\_\_\_\_

Date: \_\_\_\_\_
3. Foundation (Fund 401): \_\_\_\_\_

Date: \_\_\_\_\_
4. Enrollment Services: \_\_\_\_\_

Date: \_\_\_\_\_