

FY 23-24 July 1, 2023 – June 30, 2024

Appointing Department: _____

Department Contact Person: _____ Campus Phone: _____

Student's Name: _____ URI ID#: _____

Semester(s): Summer 2023 Fall 2023 Spring 2024 Summer 2024

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

Scholarship Name (if applicable): _____

Foundation Fund Number (if applicable): _____

Department's justification for waiver payments: _____

Waiver Payment Scholarship

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

Table with 7 columns: Account, Fund, Department, Program, Project, Waiver Amount (in dollars), Special Note. Row 1 contains '6582' in the Account column.

1. Department Authorization: _____ Date: _____

Note: Attach original contract/study agreement.

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

3. Foundation (Fund 401): _____ Date: _____

4. Financial Strategy & Planning (all except Fund 500 & Fund 401): _____ Date: _____

5. Enrollment Services: _____ Date: _____