

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

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

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

Semester(s): Summer 2024 \_\_\_ Fall 2024 \_\_\_ Spring 2025 \_\_\_ Summer 2025 \_\_\_

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

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

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

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<br>( <i>in dollars</i> ) | Notes |
|---------|------|------------|---------|---------|--|-------|
| 6582    |      |            |         |         |  |       |
|         |      |            |         |         |  |       |
|         |      |            |         |         |  |       |
|         |      |            |         |         |  |       |
|         |      |            |         |         |  |       |

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 500 & 401) \_\_\_\_\_ Date: \_\_\_\_\_

5. Enrollment Services: \_\_\_\_\_ Date: \_\_\_\_\_