## 2016-17 GRADUATE ENROLLMENT AND BENEFITS STATUS FORM

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
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Is this form intended to relay REVISED award information?  
Yes _________  
No _________

How many **actual** credit hours do you plan to take each semester?  
FA16 _________  
SP17 _________  
SU17 _________

*List actual number of hours in which you will enroll, not credit hour ranges.*

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### GRADUATE ASSISTANCE

Have you been appointed to a graduate assistantship or fellowship position that qualifies for the Graduate Student Support Plan (GSSP)?  
Yes _________  
No _________

### ADDITIONAL FUNDING SOURCES

If you anticipate financial support during the 2016-17 academic year, please enter the name of the funding source, the term for which it will be received (fall, spring and/or summer), and the amount per term. Do not include student loans.

- Fellowship: 
- Grant: 
- Scholarship: 
- Other: 

Departmental Support (other than GSSP): 
(i.e. you are not on the GSSP, but your department or another source will pay your tuition, fees, and/or health insurance)

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### Student Acknowledgment

I acknowledge that it is my responsibility to notify the Office of Scholarships and Financial Aid if I receive any new or increased financial support. I understand that my financial aid award may be revised and I may be required to repay financial aid funds already disbursed to me if there are financial support changes after this form is submitted to the OSFA.

Student’s Signature ___________________________  
Date ___________________________