### 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 __________

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**ADDITIONAL FUNDING SOURCES**
If you anticipate financial support during the 2015-16 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 ____________________________