

**THE GRADUATE SCHOOL  
2008/2009 Student Aid Information Form (SAIF)**

The SAIF is used for financial aid including stipends and supplements to TGS fellowships or graduate assistantships, as well as tuition (if student is not eligible for RAS) and health insurance, if these are paid from your chart string(s). Stipend data should match exactly what you are paying the student in HRIS. This is especially important in determining financial need for students who apply for loans.

Use this form for all TGS 503 registrations except for students whose funding is provided by NU affiliate institutions (Children's Memorial, ENH, or RIC). For affiliate-funded students, use the Affiliate Activation Form.

**ACTION:** New  Add quarters only  (for all other actions, please use the Student Aid Information Revision/Cancellation Form)

**STUDENT INFORMATION** Name (Last, First, MI) \_\_\_\_\_ , \_\_\_\_\_

Student ID#: \_\_\_\_\_ HRIS ID# (if different from SES): \_\_\_\_\_ **Status:** NEW (entered 08/09)  CONTINUING

Home Department \_\_\_\_\_

**SOURCE(S) OF AID** for tuition & stipend (Specify **type** of aid—e.g., NSF research grant; NIH training grant; departmental gift chart string.)

Principal Investigator – mandatory for sponsored projects (Last, First, MI) \_\_\_\_\_ , \_\_\_\_\_

1<sup>st</sup> funding department/program, endowed fellowship, or other: \_\_\_\_\_

2<sup>nd</sup> funding department/program, endowed fellowship or other, if any: \_\_\_\_\_

**STIPEND** (for 9/1/08 - 8/31/09)

**NOTES:**

Begin Date (MM/DD/YY): \_\_\_\_\_ End Date (MM/DD/YY): \_\_\_\_\_

Monthly salary: \$ \_\_\_\_\_ x Number of months: \_\_\_\_\_ = Total Amount: \$ \_\_\_\_\_

NUFinancials Chart String: Fund \_\_\_\_\_ DeptID \_\_\_\_\_ ProjectID \_\_\_\_\_ Expense Account \_\_\_\_\_

Begin Date (MM/DD/YY): \_\_\_\_\_ End Date (MM/DD/YY): \_\_\_\_\_

Monthly salary: \$ \_\_\_\_\_ x Number of months: \_\_\_\_\_ = Total Amount \$ \_\_\_\_\_

NUFinancials Chart String: Fund \_\_\_\_\_ DeptID \_\_\_\_\_ ProjectID \_\_\_\_\_ Expense Account \_\_\_\_\_

**TUITION/HEALTH FEES/STUDENT ACTIVITY FEE** (503 registration = \$1,157 per quarter)

Fall \$ \_\_\_\_\_ Winter \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ Summer \$ \_\_\_\_\_ Total amount \$ \_\_\_\_\_

NUFinancials Chart String: Fund \_\_\_\_\_ DeptID \_\_\_\_\_ ProjectID \_\_\_\_\_ Expense Account \_\_\_\_\_

Fall \$ \_\_\_\_\_ Winter \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ Summer \$ \_\_\_\_\_ Total amount \$ \_\_\_\_\_

NUFinancials Chart String: Fund \_\_\_\_\_ DeptID \_\_\_\_\_ ProjectID \_\_\_\_\_ Expense Account \_\_\_\_\_

**\*Training grants only: health fees expense account is 60184**

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Authorization: \_\_\_\_\_ Date \_\_\_\_\_

Name

Signature

**Send completed form to:** Mike Fernandez, The Graduate School, 633 Clark St, Crown 1-502 Evanston Campus 1113.

For tuition to be paid on a timely basis, please submit **4-6 weeks** prior to the beginning of the quarter.

**SPONSORED PROGRAM CHART STRINGS ONLY:** Send directly to the appropriate ASRSP office on Evanston or Chicago campus.

**ASRSP Approval** \_\_\_\_\_ Date \_\_\_\_\_

Signature

**OFFICE USE ONLY**

ITEM TYPE#	TOTAL	Fall	Winter	Spring	Summer
Stipend _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuition _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Stipend _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuition _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____