

**THE GRADUATE SCHOOL
2008/2009 Student Aid Information
Revision/Cancellation Form**

SAIF Revision Form # _____ of _____

ACTION: Cancellation Decrease Increase Change in Source*

*may require 90-day exception letter

STUDENT INFORMATION

Name (Last, First, M.I.) _____ , _____

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

Home Department: _____ Date previous SAIF was submitted, if known: _____

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

PRIOR (Information from previously submitted SAIF)

funding department/program, endowed fellowship, or other: _____

NEW funding department/program, endowed fellowship, or other: _____

Principal Investigator – **mandatory** (Last, First, MI) _____ , _____

STIPEND

NOTES (i.e. cancel, change dates):

PRIOR (Information from previously submitted SAIF)

Begin Date (MM/DD/YY): _____ End Date (MM/DD/YY): _____

Monthly salary: \$ _____ x Number of months: _____ = Total: \$ _____

NUFinancials Chart String: Fund _____ DeptID _____ ProjectID _____ Expense Account _____

NEW Begin Date (MM/DD/YY): _____ End Date (MM/DD/YY): _____

Monthly salary: \$ _____ x Number of months: _____ = Total: \$ _____

NUFinancials Chart String: Fund _____ DeptID _____ ProjectID _____ Expense Account _____

TUITION/HEALTH FEES/ACTIVITY FEE

*Training grants only: health fees account is 60184

PRIOR (Information from previously submitted SAIF)

Fall \$ _____ Winter \$ _____ Spring \$ _____ Summer \$ _____ = Total \$ _____

NUFinancials Chart String: Fund _____ DeptID _____ ProjectID _____ Expense Account _____

NEW

Fall \$ _____ Winter \$ _____ Spring \$ _____ Summer \$ _____ = Total \$ _____

NUFinancials Chart String: Fund _____ DeptID _____ ProjectID _____ Expense Account _____

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.

Processing may take up to 4-6 weeks.

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
PRIOR Stipend	_____	\$ _____	\$ _____	\$ _____	\$ _____
PRIOR Tuition	_____	\$ _____	\$ _____	\$ _____	\$ _____
NEW Stipend	_____	\$ _____	\$ _____	\$ _____	\$ _____
NEW Tuition	_____	\$ _____	\$ _____	\$ _____	\$ _____