

DATE RECEIVED BY OFFICE OF FINANCIAL AID

## Statement of Understanding for External Fellowship Awards

STUDENT NAME	Last:		First:			М	F	
STUDENT PID	C00	STUDENT UNI		FIRST TERM OF GSAS REGISTRATION				
DOCTORAL PROGRAM								
(107 Low	his form along with your extended to be supported by Library or gsas-finaid@columners.					by		
4.	l OF AWARD ers or years)							
NAME OF I								
AMOUNT (per year)	OF STIPEND \$		AMOUN (per yea	T OF TUITION \$				
	DDITIONAL AWARD AMOUNT (please	specify use/purpose)						
\$								
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1) replace 2) extend 3) a comb	lance with this policy, you may go your GSAS funding with the lyour GSAS funding by up to bination of both.	external award and t						
	dicate your choice(s) below:	h the outernal	1.	wish to output my CCAC funding	and therefo			
awar or ac	h to <u>replace</u> my GSAS funding with rd and request a top-off for the fo cademic year(s):  Fall  Spring  Jemic Year		re a	wish to <u>extend</u> my GSAS funding eceive <u>no</u> top-off for the followin cademic year in which my extern Fall Spring cademic Year	ng semester(s	s) or		
I certify that the information provided by me on this form is complete and accurate.  STUDENT SIGNATURE  DATE								
STUDEN	I SIGNATURE					D	ATE	
DEPART	MENTAL ADMINISTRATOR SIG	GNATURE	PR	INTED NAME		D	ATE	