UNDERGRADUATE REQUEST FORM

Academic departments may use this form to request grants funds for undergraduate students. This form may NOT be used for stipends, sponsored program funds, payroll or other expense reimbursements. Complete Part A and forward to the appropriate Accounting office. See [http://bfasweb.syr.edu](http://bfasweb.syr.edu) and look at Grant Authorization Forms.

**Forms received without Accounting Office approval will be returned to the issuing department**

Department awards may impact a student’s other financial aid and may necessitate an adjustment to these other aid sources in order to remain in compliance with federal, state and institutional regulations. The Office of Scholarship Programs will notify grant recipients directly of any change to their financial aid package.

Departmental Grants are only posted to the student’s financial account in the Bursar Office. Please allow at least 10 working days from receipt of this request form in the Office of Scholarship Programs. All requests for checks must be made in writing to the Bursar Office.

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**PART A**

I/We request a Departmental Grant in the amount of $______________ be awarded to:

Student Name (First Middle Last) __________________________________________

SUID: ______________________

Term (circle one): Fall Spring Both F & S Summer

Academic Year: ______________ (e.g. 2007-08)

**CHARTSTRING:**

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<th>Department</th>
<th>Program</th>
<th>Account</th>
<th>MyCode</th>
<th>Project</th>
<th>Activity</th>
<th>Budget</th>
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(For Sponsored Awards and Costsharing only)

Account Name: __________________________________________

Authorized Signer (please print): __________________________________________

I/We understand that all students will be reviewed by the Office of Financial Aid and Scholarship Programs for grant eligibility and any impact on his/her financial aid package.

________________________________________ __________________________
Signature      Dept/School/College

Date: ______________ Phone #: ______________ Email: __________________

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**Accounting Office and Scholarship Office Only**

1. Accounting Office Approval: __________________________________

2. FAO Initials: ________

3. Process Date: ____________________

edit date: 5/05