



WAYNE STATE Graduate School

Tuition Payment Authorization for Fellows on External Funding

The Graduate School will pay the **shortfall** portion of the tuition assessment for eligible and approved fellows who receive external funding support.

Request Date: _____

Name of Research Advisor submitting request: _____ Phone: _____

Research Advisor's Email address: _____ Department: _____

Payment Information

Student's Name: _____

Student's ID: _____

Fall _____ Semester

Percentage or dollar amount paid by granting agency: _____

Winter _____ Semester

Percentage or dollar amount paid by granting agency: _____

Spring/Summer _____ Semester

Percentage or dollar amount paid by granting agency: _____

**Please return the completed form and a copy of the funding award letter to
Tricia Koufes, triciak@wayne.edu**