

**THE UNIVERSITY OF ALABAMA**  
**GRADUATE SCHOLARSHIPS, FELLOWSHIPS, AND OTHER ACADEMIC AWARDS PAYABLE MONTHLY**

<b>PURPOSE OF PAYMENT:</b>	
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<b>Name of Award:</b>	
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*This form is used to process student payments for all graduate scholarships, fellowships, or other academic awards not associated with compensation, and which are to be disbursed more than once in a semester.*

*This form should not be used for compensation or to reimburse a student for University business expenses.*

*For further details see the Student Payment Policy & Procedures at <http://financialaccounting.ua.edu/accts-payable/index.html>.*

*Note: A student must be enrolled and confirmed when the scholarship or fellowship payment is to be made.*

Payments will be made in equal monthly installments so that refund checks will be available at the end of the following months:

- Fall Semester Awards - August through December (5 installments)
- Spring Semester Awards - January through April (4 installments)
- Summer Semester Awards - May through July (3 installments)

Payment will be processed on the 26th day of each month (or preceding business day if on a weekend) in order to ensure that refund checks will be available for pickup prior to the month end.

**Important payment information!** *The credit will be applied to the student's account and a refund check generated unless the account is delinquent. Transactions will appear on the student's web account. The refund check will be available for pick-up at the Student Receivables cashier area after 1 p.m. the day after the refund transaction appears on the student's account. The student may contact the Student Receivables office (205-348-5350) or email [receivables@fa.ua.edu](mailto:receivables@fa.ua.edu) to request that the check be mailed.*

FOAP to be charged	COA	Fund	Org	Account	Prog

**RECIPIENTS**

CWID	Name (F/M/L)	Total for Fall (\$)	Total for Spring (\$)	Total for Summer (\$)	TOTAL AWARD (\$)
<b>Total Awards:</b>					

**APPROVALS**

University Department Name: \_\_\_\_\_ Date prepared: \_\_\_\_\_

Department contact for this transaction: \_\_\_\_\_

Contact's e-mail address: \_\_\_\_\_ Contact's telephone #: \_\_\_\_\_

<b>Department Head</b>	Date	<b>Dean or Principal Investigator*</b>	Date

<b>Sponsored Programs Financial Services*</b>	Date	<b>Graduate School</b>	Date

\* Required if Sponsored Programs funded

**If the award is being charged to a sponsored project, send the completed form to Sponsored Programs Financial Services, 318 Rose Administration, Box 870135. Otherwise, send the form to John Chambers, Graduate School, 102 Rose Administration, Box 870118.**