



MANHATTAN COLLEGE

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GRADUATE ASSISTANTSHIP

Please indicate term:	
Fall	20 _____
Spring	20 _____
Sum 1	20 _____
Sum 2	20 _____

Financial Aid Instructions:

All graduate students who receive any type of Financial Aid grants to be used toward tuition and/or fees, **MUST** complete this form each semester and provide a copy of the letter either from Manhattan College or the appropriate agency indicating their eligibility.

Name: _____

Student ID Number: _____

Student's Major: _____

Please sign below and have form completed and signed first by your Program Director or Department Chairperson, at *time of registration*, then by the Office of Student Financial Services. **If there are any changes in enrollment, or your bill changes for any reason, it is your responsibility to inform the Office of Student Financial Services. Students will be personally responsible for any balance not covered by financial aid.**

Student Signature

Date

TO BE COMPLETE BY PROGRAM DIRECTOR/DEPARTMENT CHAIRPERSON:

Financial Aid Fund Code: _____

Department Supervisor: _____

Number of credits covered by award: _____

Program Director/Department Chairperson's Print Name

Program Director/Department Chairperson's
Signature

Total Amount of Tuition

Signature and Date

*****INCOMPLETE FORMS WILL NOT BE PROCESSED*****