

University of Washington
Student Fiscal Services
Student Aid Authorization Disbursements
Fund Restrictions - Form 1

New Revision

Required Information:

Budget Number _____ Budget Name _____

Department _____ Box # _____

Aid Year _____

A. Method of Disbursement

Disbursement is restricted to the following:

- 1. Cash (aid check) only
- 2. Credit student's account only (will pay tuition and other charges)
- 3. Credit student's account and remainder will disburse as cash

B. Select one or more, if disbursement is to student's account (If #2 or #3 selected from Section A)

- | | |
|---|---|
| <input type="checkbox"/> Non-Resident Tuition | <input type="checkbox"/> Non-Resident over 18 credit hour surcharge |
| <input type="checkbox"/> Resident Tuition | <input type="checkbox"/> Resident over 18 credit hour surcharge |
| <input type="checkbox"/> Housing Charges | <input type="checkbox"/> Student Insurance Charge |
| <input type="checkbox"/> Penalties and Fees | <input type="checkbox"/> Graduate Operating Fee only |
| <input type="checkbox"/> Lab and Course Fees | <input type="checkbox"/> Other (specify) _____ |

C. Student Restrictions Applicable to this Fund (OPTIONAL)

Restrict disbursement to students who meet the following requirements:

- Resident code (1-2) Non-Resident code (3-6) Min GPA _____

Class _____	Min Cr Hrs _____	College _____	Dept _____
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Class _____	Min Cr Hrs _____	College _____	Dept _____

*Class Codes: 1=Fresh 2=Soph 3=Jr 4=Sr 5=5th yr 6=Non-Matric 8=Grad
11=1st Yr Prof 12=2nd Yr Prof 13=3rd Yr Prof 14=4th Yr Prof*

Departmental Authorization (Required)

_____	_____	_____
<i>Department</i>	<i>Contact Person</i>	<i>Phone</i>
_____	_____	_____
<i>Authorized Signature</i>	<i>Date</i>	<i>E-Mail Address</i>

Return (either by mail or fax) to:

Student Fiscal Services
Box 355821
Fax: 685-2942 Questions: 543-4061

Keep a copy for your reference