University of Washington
Student Fiscal Services

Student Aid Authorization - Form 3
Authorization to Override Form 1 Restrictions

Budget Number _____   Budget Name _____   Aid Year 2001-2002

New   First Disbursement from this budget for this student for the quarter(s).
Revision   Change to disbursement from this budget for this student(s).
Cancellation Cancel disbursement from this budget for this student(s).

A. Override this Fund to Pay   *(Check Yes or No where change desired)*

Yes   No   Yes   No
         Non-Resident Tuition   Non-Resident over 18 Credit Hour Surcharge
         Resident Tuition   Resident over 18 Credit Hour Surcharge
         Housing Charge   Student Insurance Charge
         Penalty and Fees   Graduate Operating Fee Only
         Lab and Course Fees   Other (specify) _____

B. Override Method of Disbursement   *(Check Yes or No where change desired)*

Yes   No
         Cash (aid check) only
         Credit student's account only (will pay tuition and other charges)
         Credit student's account and remainder will disburse as cash

C. Override Student Restrictions Applicable to this Fund *(OPTIONAL)*

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

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

Student #	Student Name	Total Amt Sum 2001	Total Amt Aut 2001	Total Amt Win 2002	Total Amt Spr 2002

Department Comments / Instructions:

Departmental Authorization (Required)

_____   _____   _____
Department   *Contact Person*   *Phone*

_____   _____   _____
Authorized Signature   *Date*   *E-Mail Address*

Return (either by mail or fax) to:

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

Keep a copy for your reference