



TUSKEGEE UNIVERSITY

Academic Stipend Authorization Form

In order to be paid, the Academic Stipend Memo must be submitted to the payroll Office each month. Academic Stipend payments are processed with the Student Payroll which is generally paid on the 14th of each month.

Student Name: _____ Student ID # _____

Classification _____ Department Assigned _____

Supervisor's Name _____ Telephone Number _____

Start Date: Month ____ Day ____ Year ____ End Date: Month ____ Date: ____ Year ____
(May Not Cross Fiscal Years 07/01-06/30)

*Criteria:

Total Compensation: \$ _____

Fund Code	Department Code	Account Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- | | |
|--|--|
| 1. _____
Signature of Stipend Recipient Date | 2. _____
Department Head/PI Date |
| 3. _____
Dean/Vice President Date | 4. _____
AVP for Budget and Planning Date |
| 5. _____
Grants and Contracts Date | 6. _____
Student Financial Aid/Scholarships Date |

Please Note: Stipend Recipient Monthly Progress Report should be attached signed by Student and Advisor (PI).