

**WAYNE STATE
UNIVERSITY**
**OFFICE OF STUDENT
FINANCIAL AID**

**PAYMENT AUTHORIZATION FORM FOR DEPARTMENTAL
SCHOLARSHIPS, GRANTS AND LOANS**

Person Submitting Request _____ Phone _____

Department Name _____ Address _____

Signature of Requestor _____ Date _____

Dean/Director Authorized Signature _____ Date _____

(Note: Signature Acknowledges Compliance with Account Provisions)

Charge to Account Number _____

(Only one account# per form)

Name of Account _____

Type of Payment

- Loan To Student
- Scholarship/Award
- Grant

(Only one academic year per form)

Please Authorize Payment For The Student(s) Listed Below.

Student's Name	Student's PID#	U/G-Grad Law-Med	Fall	Winter	Spr./Sum.
			Yr.	Yr.	Yr.

Minimum Enrollment Requirement

(Students Must Be Enrolled At Least)

- Full Time (Undergraduate: 12 or more hours-Graduate: 8 or more hours)
- 3/4 Time (Undergraduate: 9-11 hours-Graduate: 6-7 hours)
- 1/2 Time (Undergraduate: 6-8 hours-Graduate: 4-5 hours)
- No minimum Enrollment Required (Must be enrolled at least one credit hour)

Payment Restrictions

(Tuition Payment Guidelines)

- Non-Restricted – Tuition plus all expenses - excess refund to student
- Restricted (Tuition, Reg. Fee, Omnibus Fee)

FOR OSFA USE ONLY

Aid ID _____	Date Entered _____	Entered by _____
Returned to Department Due _____		Reason _____

**RETURN FORM TO OFFICE OF STUDENT FINANCIAL AID,
42 W. WARREN, 3rd FLOOR DETROIT, MI 48202 ATTN: FISCAL UNIT**