

DATE:

TO: Director of Financial Aid

FROM: Name of Project Director
University Unit

I am the Director for the sponsored project entitled..... For the fall/spring/summer (*select one term*) semester of 200...., the following students are to have their course fees (*include when appropriate -*) and student fees covered or waived (*select one of the preceding terms*) under Account #..... Students will be responsible for all other fees associated with enrolling in this course.

<u>Name</u>	<u>Social Security #</u>	<u>Course(s)</u>	<u>Amount of Coverage</u>	<u>Evidence of Completion</u>
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After the course is completed, I will submit another memorandum adding the grade received by the student indicating completion of the course.

If you have any questions, please contact me at 6-5972

Signature

cc: Director of Registration Services, Continuing Education
Grants/Contracts Senior Accountant, Financial Services Office