

UCLA GRADUATE DIVISION FELLOWSHIP AWARD TRANSMITTAL

UID _____ NAME (Last, First, MI) _____ Email: _____

Payee Code _____ Citizenship _____ Visa _____

AWARD 1

ACCOUNT INFORMATION	Account - CC - Fund 7 _ _ _ _ - _ _ _ _ _	Award Type	Fund Name				Authorizing Agency	Award Eligibility	Account ID			
DISBURSEMENT INFORMATION	New / Revised	Fiscal Year	Total Award Amount	COMMENTS								
QUARTERLY PAYMENTS	Fall Quarter			Winter Quarter			Spring Quarter					
MONTHLY PAYMENTS												
	July	August	September	October	November	December	January	February	March	April	May	June
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

AWARD 2

ACCOUNT INFORMATION	Account - CC - Fund 7 _ _ _ _ - _ _ _ _ _	Award Type	Fund Name				Authorizing Agency	Award Eligibility	Account ID			
DISBURSEMENT INFORMATION	New / Revised	Fiscal Year	Total Award Amount	COMMENTS								
QUARTERLY PAYMENTS	Fall Quarter			Winter Quarter			Spring Quarter					
MONTHLY PAYMENTS												
	July	August	September	October	November	December	January	February	March	April	May	June
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Form Completed by _____ Date _____ Phone _____ Email _____

Department _____ Department FS Code _____

Name of Graduate Advisor, P.I., Chair or Dean _____

Signature of Graduate Advisor, P.I., Chair or Dean Date

Please print, obtain departmental signature, and mail or deliver completed form to:
Graduate Fellowships & Financial Services, 1228 Murphy Hall, Mailcode 144401. Graduate Division Use Only

Graduate Division Signature Date