



The University of Montana

Graduate Assistant Contract Fee Waiver/Scholarship Change Form

Student ID Number: _____ Name: _____

Last First Middle

Hire Dept.: _____ Roster #: _____ Teaching Research

Original Fee Waiver Information

FEE WAIVER Master's Doctoral

Fall Resident

Fee Waiver Account

Exemption Code: _____

Spring Non Resident

Term: _____

TA-RA Residency

New Fee Waiver Information

FEE WAIVER Master's Doctoral

Fall Resident

Fee Waiver Account

Exemption Code: _____

Spring Non Resident

Term: _____

TA-RA Residency

Fee Waiver Budgeting Authority: _____

Signature (Approved for funding source availability) Date

If fee waiver is being charged back to a **grant** please complete

Grant Number: _____

Principal Investigator _____

If fee waiver is being charged back to a **non-grant account** please complete

Signature

Account Number: _____

Department Authority: _____

Signature

Original Information on Wages

Index #	Index Code Name	FTE	Beg. Date	End Date	Wages-Line Total	Department Authority	Date
Total Wages							

New Information on Wages

Index #	Index Code Name	FTE	Beg. Date	End Date	Wages-Line Total	Department Authority	Date
Total Wages							

ORSP: _____

Signature (Approved for funding source availability)

Department Contact

Phone/Email