



College of Arts and Sciences Graduate Enrollment Scholarship

Submit application to the College of Arts and Sciences for approval via email at as-advising@fsu.edu

It is the student's **responsibility** to contact the Office of Financial Aid to see how this award may impact their financial aid.

1. Student Name: _____
Last Name First Name Middle Initial

2. Student ID number: _____ Date request submitted: _____

3. Program (check one): Master's Doctoral Department: _____

4. A) Terms for which you are requesting: Spring Summer Fall Year: _____

B) Credit hours requested per semester: _____

5. Justification for request (please specify why you are not eligible for a waiver and why you need to be registered for these hours):

6. Major professor or department chair's academic justification for this request:

Student signature (By typing my name here, I'm electronically signing this form.)

Date

Major professor/department chair signature

Date

7. Dean of Arts and Sciences' approval: Yes No

8. Conditions for approval:

Dean's Office signature

Date