

Date: \_\_\_\_\_

## **M-E-M-O-R-A-N-D-U-M**

TO: Kim Barber  
University Registrar

FROM: \_\_\_\_\_  
Associate Chair for Graduate Studies

SUBJECT: \_\_\_\_\_  
Student's Name and ID Number

This is to certify that the above student from \_\_\_\_\_  
is being awarded a **NON-DUTY** scholarship in the amount of \$500.00 for the  
**ACADEMIC YEAR** (and \$500.00 for the summer term provided  
the student needs to enroll) by the **DEPARTMENT OF** \_\_\_\_\_ in  
the **COLLEGE OF** \_\_\_\_\_. This  
scholarship has been granted effective \_\_\_\_\_.

The student understands that he or she must enroll on a **FULL-TIME** basis in order to be  
eligible for classification as a temporary Florida resident for tuition purposes under the  
Latin American/Caribbean Scholarship Program. Additionally, the student's academic  
progress will be evaluated annually to determine his or her continued eligibility for the  
scholarship.

APPROVED: \_\_\_\_\_  
**College Dean or Designee**

cc: Dean Nancy Marcus, The Graduate School  
Graduate Admissions Office  
Center for Global Engagement Student Advisor  
Joann Smith, Financial Aid  
Rachel Collins, Registrar's Office  
Judi Page, Controller's Office