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