



# Fellowship/Scholarship/REU Payment Authorization Form

Request Date \_\_\_\_\_

Student ID \_\_\_\_\_

Required

**ALL PAYMENTS WILL BE MADE VIA DIRECT DEPOSIT ONLY - Direct Deposit form must be submitted with this form**

Student Name \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Required for mailing \_\_\_\_\_  
tax documents \_\_\_\_\_

USA

Country of Citizenship  
( If International see below )

*Permanent Address Must be Provided or Form will be Returned*

### Local Address - If International only

Street \_\_\_\_\_  
Apt - Unit# \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

### Workday Worktags

COST CENTER	FUND	Activity	DESIGNEE	GRANT or GIFT#
SPEND CATEGORY		DESCRIPTION		
Please Select One		Add description if not fellowship/scholarship		
Undergraduate	<input type="checkbox"/>	Number of Tuition Credits	Name of Fellowship or Scholarship	
Graduate	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Start Date	_____	Ending Date	_____	
<i>Note: Any changes to the above dates will require a new form to be completed and submitted</i>				
# of Payments	<input type="text"/>	Payment Amount (each)	_____	
Frequency of payment	Total Payments Amount		_____	
Twice per month	<input type="text"/>	Monthly	<input type="text"/>	
Additional Information - Comments				

### Approvals

**All forms must be completed and approved before submission to AP**

_____	_____	_____
Dept Head/Principal Investigator - Name	Dept Head/Principal Investigator - Signature	Date
_____	_____	_____
Designee, SPA or Gift Manager - Name	Designee, SPA or Gift Manager - Signature	Date
_____	_____	_____
Grad Admissions - Name (if required)	Grad Admissions - Signature (if required)	Date

International Students Require the Additional Documentation Listed Below

- (1) W-8BEN (2) WPI Foreign National Information Form (3) I-94 Form (4) I-20 Form (5) Copy of US Visa & Passport w/picture