ETSU Bursar Office
GRANT AND PROGRAM PAYMENT REQUEST

Upon submission of this form to the Bursar's Office, student accounts will be credited as indicated below. Please submit as soon as the required information is complete.
Deadline: The day after the last day to drop classes without college dean's written permission.

Submission Date:

Account Description:

Administrator:

College: **Department:**

Contact: **Phone:**

Campus Box: **Fax:**

ETSU Grant #:   **Funding Period:**   **To**

EXPENSE TO BE APPLIED

Academic Year:

Semester: ☐ Fall   ☐ Spring   Summer   ☐ 1   ☐ 2   ☐ 3

Tuition: ☐ Yes   ☐ No   ☐ Undergraduate   ☐ Graduate   ☐ Out-of State

Pay: ☐ 100%   ☐ 75%   Other:

Specify Courses:

Application Fee: ☐ Yes   ☐ No   Required Program Fees: ☐ Yes   ☐ No

Late Fee: ☐ Yes   ☐ No   Required Registration Fees: ☐ Yes   ☐ No

Total Students:

List Students On Next Page

Student Name	Student ID	Notes

If additional space is required, please attach a separate sheet.

Comments: