



STIPEND CERTIFICATION FORM

STUDENT CERTIFICATION

Name	<input type="text"/>	SFSU ID Number	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Degree Being Sought	<input type="text"/>	Date Expected	<input type="text"/>
Major	<input type="text"/>	Number of Units Currenty Enrolled	<input type="text"/>
Last Degree Rec'd	<input type="text"/>		

I understand that State and Federal Regulations require the Financial Aid Office to coordinate, for the purpose of determining if an overaward exists, all financial resources made available to students. In some rare instances, this coordination may result in an adjustment being made to a previously offered financial aid award, or may impose restrictions on receipt of other financial benefits from Ucorp, SFSU, or US Government funds. I certify that I will immediately notify my program director and Ucorp of any change in the information provided herein. Please note: signing this form is not a guarantee of payment.

<input type="text"/>	<input type="text"/>
Student Signature	Date

PROJECT DIRECTOR STATEMENT

Grant/Program Name

Will this student be required to perform non-academic services as a condition of this support?

If yes, please describe:

This student is qualified for this grant/program, to the best of my knowledge is eligible to receive the financial support, and the amount of the award conforms with the sponsor's guidelines. I shall notify Ucorp if I become aware of change in the student's eligibility to receive this award, as well as copies of any relevant documents required by the sponsor. Ucorp shall coordinate this award with SFSU's Office of Financial Aid.

<input type="text"/>	<input type="text"/>
Authorized Program Signature	Date

UCorp PERSONNEL

Ucorp's Human Resources Department certifies that this compensation will not be related to work that benefits Ucorp or San Francisco State.

<input type="text"/>	<input type="text"/>
Human Resources Signature	Date

UCorp ACCOUNTS PAYABLE

<input type="text"/>	<input type="text"/>
Received by Accounts Payable	Date