Graduate Student Organization Grant Cover Sheet

Please review the award requirements prior to completing this cover sheet. This document must be filled out completely, including all signatures, for your application to be reviewed. Completed and signed cover sheets must be submitted as an attachment via the online application form. *Incomplete applications will not be reviewed*.

Student Contact Information:		
Student Contact Name:		
Student Organization Name:		
Event Name:		
Event Date(s):		
Graduate School Student Organization Grant	amount requested:	
The student named above has applied for the student organization listed above. Your signat organization and you support this application. contact listed below will work with the Gradu Organization Grant funds to the listed departischool.	ure verifies that you are a spon By signing, you indicate that y ate School to coordinate the tr	sor/advisor for the student ou and/or the department ansfer of Graduate Student
Name Faculty/Staff sponsor, printed	Signature	Date
Name of department contact to process transaction, printed (if different from above)	Signature	Date
Dept. Cost Center #	UT Share Dept. #	Dept. Contact E-mail