

Date: _____

M-E-M-O-R-A-N-D-U-M

TO: Tim Martin
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, Graduate Studies
Graduate Admissions Office
International Center – LAC Scholarship Representative
Joann Smith, Financial Aid
Nancy Standley, Registrar's Office
Linda Stokes, Controller's Office