



SCHOOL OF GRADUATE STUDIES
TUITION PAYABLE BY AN EXTERNAL AGENCY

SEPTEMBER 1, 20 ____ TO AUGUST 31, 20 ____

PLEASE PRINT

NAME _____

STUDENT NO. _____ DEPARTMENT _____

NAME OF SCHOLARSHIP _____

YOUR REFERENCE NUMBER (WITH EXTERNAL AGENCY) _____

NAME, TITLE & DEPARTMENT OF PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED :

NAME AND ADDRESS OF AGENCY PAYING YOUR TUITION FEES:

DATE

SIGNATURE

**PLEASE RETURN COMPLETED FORM TO:
STUDENT ACCOUNTS AND CASHIERS, GH-209**