## **Summer Tuition Assistance Program – Application Form for College of Communications**

**Student Section** 

Graduate Office, 201 Carnegie Building, University Park, PA 16802 • 814-865-3070 • 814-863-8044 (fax)

Applicant's Full Name (Last, First, Middle I.)		Student ID Number	
Telephone Number		Email Address	
	Degree	Adviser's Name	
you register for more th	-	er for during the summer session(s) and the number of credits, you will be charged for the additional credits. Independent sh this application.	
Course Name and Number		Number of Credits	
		<u> </u>	
Total Number of Credits:		Official Residency Classifications: Pennsylvania Resident Non-Pennsylvania Resident	
Student's Signature	 Date	Adviser's Signature Date	
By signing this form, the student's program.	adviser is guaranteeing t	that courses listed above are required for the completion of t	he
Office Use			
Received an ass	istantship or fellowship F	Fall and Spring Semester	
Graduate Programs Chair's	s Signature	Date	
Date registered/entered on database		Entered by	