



Undergraduate Tuition Memo Request Sample

- Part 1) Form with Instructions
- Part 2) Completed Example

Part 1

For Internal Use Only	
Detail Code:	To be completed by the ORA Budget Officer

A Budget Officer's signature is not required by the ORA. Some schools, however, may require it. If you are unsure, check with your school's admin.



School: NAME OF SCHOOL* (*required field) *Write out the name of the school and the department requesting funding the Undergraduate Tuition*
Department: NAME OF DEPARTMENT*

MEMORANDUM

To: Ms. Lucy Manyara/Shamon Shine-Lee, Budget Officer
Office of Research Administration

From: PRINCIPAL INVESTIGATOR'S NAME* *PI/PD's Full Name and Title*
PRINCIPAL INVESTIGATOR'S TITLE

Date: 03/28/2024 *The Date of Submission*

Re: Undergraduate Tuition Request for Semester: Spring *the appropriate semester* Year: 2024 *the appropriate year*

The student(s) listed below has/have been awarded financial awards through

NAME OF AWARD AS IT IS IN BANNER* *the title as it appears in Banner*

Please credit their accounts with the amount(s) detailed below for the indicated semester.

Tuition/Health Insurance charge:

Please charge

Grant Code: Index: INDEX* Fund: FUND* Org: ORG* Program: PR*
the correct Index, Fund, Org Code, and Program Code that matches the title in Banner

Tuition Type: UNDERGRADUATE Scholarship 12040

If you have any additional questions or require additional information, please feel free to contact

CONTACT'S NAME* at CONTACT@morgan.edu

the contact should be a person who is familiar with this request and can answer questions about it, include this person's email address

Thank you in advance for your attention to this request.

Last Name	First Name	MSU ID #	Tuition	Health Insurance
STUDENT'S LAST NAME*	STUDENT'S FIRST NAME	MSU ID*	\$ 0.00	\$ 0.00
<i>the student's name must match that in Banner</i>		<i>the MSU ID must match the name in Banner</i>	<i>the exact amount of tuition that the Budget Index above will be funding</i>	<i>the exact amount of health insurance amount that the Budget Index above will be funding</i>
			\$	\$

Last Name	First Name	MSU ID #	Tuition	Health Insurance
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTALS			\$ 0.00	\$ 0.00

In Process

Initiator Initials: DS
RS

Date: 28-Mar-24 | 1:38 PM EDT

Email Address: rebecca.steiner@morgan.edu



School: School of Computer, Mathematical, and Natural Sciences

Department: Physics

MEMORANDUM

To: Ms. Lucy Manyara/Shamon Shine-Lee, Budget Officer
Office of Research Administration

From: Dr. Paul Thompson
Assistant Professor

Date: March 28, 2024

Re: Undergraduate Tuition Request for Semester: Spring Year: 2024

The student(s) listed below has/have been awarded financial awards through

HBCU Up: Rotational Muscular Movements Fluctuations

Please credit their accounts with the amount(s) detailed below for the indicated semester.

Tuition/Health Insurance charge:

Please charge

Grant Code: Index: 999999 Fund: 99999 Org: A9999 Program: 99

Tuition Type: UNDERGRADUATE Scholarship 12040

If you have any additional questions or require additional information, please feel free to contact
Rebecca Steiner at rebecca.steiner@morgan.edu

Thank you in advance for your attention to this request.

Last Name	First Name	MSU ID #	Tuition	Health Insurance
Hamilton	Jefferson	99999999	\$ 1150.00	\$ 0
Washington	Barack	88888888	\$ 2300.00	\$ 670.00
Carter	Theodore	77777777	\$ 4,059.00	\$ 670.00
			\$	\$

