



Committee Access Change Form Next Gen Scholarship Fund

Academic Year:

Fund:

Department:

Organization:

Budget Authority:

Document any change in the composition of the scholarship committee below. Enter the name(s) of the individual(s) and select the corresponding code to indicate the reason for the change.

- 1. No longer assigned to the scholarship committee**
- 2. No longer employed at the university**
- 3. No longer committee chairperson, but still has committee access**

Name:	E-mail	Reason:
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Name:	E-mail	Reason:
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Name:	E-mail	Reason:
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Budget Authority E-Signature

Grant Officer E-Signature (if applicable)

If electronic signatures are not available, please print, date & sign below.

Budget Authority Signature: _____

Date

Grant Officer Signature (if applicable) : _____

Date

Administrative
Use Only:

FINAID FUND CODE

NAME OF ASSIGNED SCHOLARSHIP
COMMITTEE