

**SFA USE ONLY  
DATE STAMP**

# SAGD FORM

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PROSAM STAMP**

## SCHOLARSHIP & GRANT DECREASE AUTHORIZATION

NOTE: THIS FORM IS TO BE USED ONLY FOR DECREASES IN ALREADY ESTABLISHED AWARDS.  
(TO INCREASE AN AWARD, YOU MUST USE THE SAG FORM.)

\*\*\*PLEASE TYPE OR PRINT CLEARLY\*\*\*

**It is the department's responsibility to notify the student(s) listed on this form of a reduction or cancellation of this award.  
A reduction or cancellation of the award could create a balance owed on the student's UK account.**

DATE SUBMITTED \_\_\_\_\_

CAMPUS (WHERE STUDENT IS ENROLLED):

\_\_\_\_\_ UK \_\_\_\_\_ MEDICINE  
\_\_\_\_\_ DENTISTRY

SCHOOL TERM FOR WHICH STUDENT  
ACCOUNT(S) WAS CREDITED.

YR. \_\_\_\_\_ FALL      YR. \_\_\_\_\_ 4 WEEK SUMMER  
YR. \_\_\_\_\_ SPRING    YR. \_\_\_\_\_ 8 WEEK SUMMER

FORM PREPARED FOR/BY:

NAME \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
CAMPUS ADDRESS \_\_\_\_\_  
SPEED SORT \_\_\_\_\_ PHONE \_\_\_\_\_

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PROSAM AID  
ID: \_\_\_\_\_

GRANT OR SCHOLARSHIP TITLE \_\_\_\_\_

FUNDS CENTER OR WBS ELEMENT \_\_\_\_\_

DEPARTMENT AUTHORIZED SIGNATURE: \_\_\_\_\_

STUDENT ID NO.

NAME (last , first, middle)

AMOUNT

| STUDENT ID NO. | NAME (last , first, middle) | AMOUNT |
|----------------|-----------------------------|--------|
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |
| _____          | _____                       | _____  |

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DATE    REASON CODE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A. STUDENT NOT ENROLLED
- B. SOCIAL SECURITY NUMBER NOT FOUND
- C. STUDENT ENROLLED LESS THAN HALF-TIME
- D. STUDENT ENROLLED WITHOUT CHARGES
- E. OTHER \_\_\_\_\_

PLEASE BRING, EMAIL OR FAX ONE ORIGINAL AND ONE COPY OF THIS  
SAGD FORM TO: SFA OFFICE, 128 FUNKHOUSER BUILDING, 0054, FAX  
NUMBER 257-4398.