

VII. B. Request for Tuition Grant

To be completed in duplicate

UNIVERSITY OF NOTRE DAME
UNIVERSITY LIBRARIES

Request for Tuition Grant

Name _____

Library Department _____

Course to be taken in the: _____
(Fall, Spring, Summer) (Academic year)

Course: _____
(Name)

(Number) (Meets at - time and days)

Course to be taken for: Credit _____ Audit _____

APPROVED BY: _____
(Department Head)

(Assistant Director)

(This form for Library use only; do not present it to the Graduate School Office)