Cal State L.A. University Auxiliary Services, Inc.

Serving the University Community

Student Stipend/Fellowship Certification

DIRECTIONS TO THE STUDENT

1.) Please complete your student Certification Statement in Part 1 below and write your mailing address in the space indicated. Checks will be mailed to your address (unless otherwise specified).

2.) Submit this form to your Project Director or appointed designee for their completion of Part 2. This completed form must then be submitted to UAS (Golden Eagle Bldg 314) ten (10) working days prior to the designated date that the stipend or fellowship is due to your program.

3.) **If you are a CSULA student, please attach a copy of approved and signed Coordination of Aid form. Submission of this form will expedite the processing of payment.**

4.) **YOU ARE RESPONSIBLE FOR REPORTING THE TAXABLE PORTION OF THIS PAYMENT TO IRS.**

PART 1 –STUDENT CERTIFICATION STATEMENT

Please check (as applicable) and complete ALL fields:

☐ I am a CSULA student ☐ I am not a CSULA student. I am attending school at _____ .

Tax Status: ☐ I am a U.S. Citizen ☐ I am a permanent resident alien

☐ I am a non-resident alien (Please see the UAS NRAT representative for additional paperwork)

"I _____ certify that during the _____, I was enrolled in _____units of

(Print First Name, Last Name legibly) (Month/Quarter, Year)

training effort; have not dropped any classes during the period indicated above; am entitled to receive my (please circle)

stipend/fellowship check for participating in this program."

_____ _____

Student's Signature Date

Address _____

City, State, Zip _____

Student CIN: _____ (New payee will be required to submit a W-9)

☐ Mail Check ☐ Pick-up call _____

PART 2 – PROJECT DIRECTOR'S CERTIFICATION AND APPROVAL

Payment Type: ☐ Stipend ☐ Fellowship **Amount: $**_____

"I hereby certify under penalty of perjury that the recipient who signed this certification is enrolled and participating in our project as required and is entitled to his/her check for the period indicated."

_____ _____

Project Director's or Designee's Signature Date

PeopleSoft Chart fields

900		2002		665930
Fund	Organization	Program	Project ID	Account

UAS APPROVAL

Auth Sign _____ Doc _____ Funds Avail _____ Valid Exp _____ Voucher# /Date _____Vendor ID:_____

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