

Graduate School of Arts & Sciences  
 705 Commonwealth Avenue  
 Boston, MA 02215

**DEPARTMENTAL AID  
 RECOMMENDATION FORM  
 (DARF)**



Last Name, First:

BU ID No:

Student Home  
 Department/Program:

Department/Program Providing Funding:

**Academic Period**                

			Source of Payment		
			UNIT-DEPT-OBJ-SOURCE		
TF Scholarship	\$ <u>XXXXXX</u>	\$ <u>XXXXXX</u>			
TF Stipend.....	\$ _____	\$ _____	20-	-902	
Graduate Scholarship.....	\$ _____	\$ _____	20-	-939	
Graduate Stipend.....	\$ _____	\$ _____	20-	-	
Res. Asst. Scholarship.....	\$ _____	\$ _____	-	-939-	-
Res. Asst. Stipend.....	\$ _____	\$ _____	-	-902-	-
*Other Scholarship.....	\$ _____	\$ _____			
*Other Stipend.....	\$ _____	\$ _____			
*Other Scholarship.....	\$ _____	\$ _____			
*Other Stipend.....	\$ _____	\$ _____			
Medical Insurance.....	\$ _____	\$ _____			

\*Explain specifics/comments below, such as name of award, PI's name, service vs non-service stipend, STF.

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Chair/Director's signature

Date

**FAO USE ONLY**

BB \_\_\_\_\_  
 AD \_\_\_\_\_  
 Stipend \_\_\_\_\_  
 SEA \_\_\_\_\_