University Business Services Montana State University Bozeman, Montana 59717

Non OSP APPOINTMENT FORM - TRAINEESHIPS & FELLOWSHIPS

Name:	Dept/School:	
Home Address:	Banner ID) No
Appointment Details:		
Date to Begin:	Date to Terminate:	
Total Gross Amount:	Non OSP Index No.:	
Amount to be Paid per Month:	Account (Code:
This traineeship or fellowship award is made for related to the technical area of degree sought. You are advised that amounts granted are to tuition and fees required for enrollment (no supplies and equipment required for course No deductions are made for any purposes, Forms will not be sent to you. You must ma Contact the IRS for more information.	axable income if the total s t including room and board es of instruction. such as income tax, or soc	scholarship amount exceeds d) and include fees, books, ial security. As a result, 1099
I have read the above statement and understand I will be responsible for any tax liability resulting from amounts received.		
	Student's Signature	Date
APPROVED BY:		
Authorized Signature Date	Authorized Signature	Date
One copy to AP One copy to Financial Aid	One copy to FSS	One copy to Student