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gso@syr.edu

GSO Executive Payment Form

Name: _____ Email: _____

SUID: _____ SSN: _____

Degree: MS PhD Other: _____

Local Address: _____

Citizenship Status: US Citizen Resident Alien Nonresident Alien

Country of Residence: _____ Visa Type (nonresident aliens): _____

Permanent Home Address: _____

Payment Dates (month & year): _____ to _____

Number of Payments: _____ Amount per Payment: \$ _____

Total Payment: \$ _____

For Office Use Only

GSO Comptroller Signature

Date

Fund

Dept

Program

Account

Mycode