

Departmental Rebate Form

Department: _____

Brown University Acct # (including subcode if known): _____

Grad Student Petitioning: _____

Email: _____ Phone: _____

Financial Manager of the department: _____

Financial Manager's

Email: _____ Phone: _____ Box: _____

50%+1 of Graduate Students in Department
Must be signed by the Financial Manager (see next page)

	Name of the currently enrolled Graduate Student
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NOTE: Attach more pages of numbered names if necessary.

I hereby acknowledge that all the names listed above (and on the attachments, if any) belong to **currently enrolled graduate students** in our department.

Financial Manager's signature: _____