



**Biomedical Graduate (GDM) Financial Award  
Signature Authorization Tracking Form**

**Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Graduate Program:** \_\_\_\_\_

\_\_\_\_\_  
**Program Administrator**  
*(individual who prepared accompanying paperwork)* \_\_\_\_\_  
*Date Forwarded*

\_\_\_\_\_  
**W. Taylor Johnson, M.F.A.**  
*Biomedical Graduate Education* \_\_\_\_\_  
*Date Received* \_\_\_\_\_  
*Date Forwarded*

\_\_\_\_\_  
**Venishea Butler (RX accounts)**  
**Carol Corrigan (All other accounts)**  
*Medical Center Finance* \_\_\_\_\_  
*Date Received* \_\_\_\_\_  
*Date Forwarded*

**Final Processing to be Completed by:**  
*(appropriate box will be checked by Biomedical Graduate Education)*

**Brian Lemma**  
*Student Financial Services*

**Maleka Weatherspoon**  
*Accounts Payable*

**Julia Wrice**  
*Student Employment Coordinator*

**Lawrence Smith**  
*Tax Accounting*

\_\_\_\_\_  
**Signature**  
*(of individual checked above)* \_\_\_\_\_  
*Date Received* \_\_\_\_\_  
*Date Processed*

**PLEASE RETURN THIS FORM TO THE OFFICE OF BIOMEDICAL GRADUATE EDUCATION (NE118 MED-DENT)  
ONCE PROCESSING HAS BEEN COMPLETED. THANK YOU!**