

University Financial Aid & Scholarship Services Instructions for Completing the Banner Detail Code Request Form

Important: Provide all information requested. Forms must be submitted at least 7 days prior to our receiving Authorization Forms pertaining to this scholarship/grant to avoid a delay in posting awards.

SECTION 1 - College Information

- *College:* If your department/program is not associated with a College, leave blank.
- *Contact Information:* The individual who is familiar with the account in the event that Financial Aid Department has a question.

SECTION 2 - Scholarship/Grant - NEW

Fill out this section if this is an award that does not yet have a Detail Code assigned to it.

- *Name of Fund:* Refers to the name of the scholarship or grant. (27 characters max)
- *Aid Year:* Year index will be awarded.
- *Budget Amount:* Budget allocated for this index. Maximum/Minimum – Amount awarded per semester
- *Semester Disbursement:* Check if the award is to be disbursed by semester.
- *Monthly Disbursement:* Check for awards being disbursed in monthly increments. The ‘Disburse Date’ is the day of the month you wish the disbursement to pay to the student’s account. The day of the month cannot vary between months nor can it vary between students. ***Note: If you pay semester awards out of the same account you pay monthly disbursements, the Detail Code cannot be setup as a Monthly.**
- *Index/Fund/Org/Program:* The FOAPAL numbers assigned to the account. May be found under COGNOS Banner Lookups. If it is a scholarship handled by NMSU University Advancement (Foundation), you will find these numbers on the checklist provided when you receive the agreement.
- *Acct:* If you have 2 account numbers associated with the account you will need to complete 2 forms, one for each account. (Example: A grant pays for both tuition and stipend. Each have their own account number. You will need two different detail codes in order to charge the correct account.) The “Name of Fund” must indicate for which account the Detail Code is being created (Example: Space Grant – Tuition; Space Grant – Stipend)
- *Minimum enrollment required by student:* Check the minimum enrollment required by the award.

SECTION 3 – Scholarship/Grant - CHANGE

Fill out this section if a Detail Code already exists and a change is being made to any of the original information provided.

- *Banner Detail Code:* The Detail Code assigned to the award when originally set up.
- *Current Fund Name:* Refers to the name of the scholarship or grant associated with the Detail Code assigned to the award.
- *Budget Amount:* Budget allocated for this index for the current fiscal year (AY)
- *Type of change:*
 - Inactivate Detail Code:* check if this award is no longer active.
 - Minimum Enrollment:* If enrollment criteria needs to be changed. Check new enrollment requirement.
 - New Fund Name:* If you are changing the name of the fund, provide new name.
 - Monthly to Semester Disbursement:* If you are changing a fund to pay by semester instead of in monthly disbursements.
 - Semester to Monthly Disbursement:* If you are changing a fund to pay by monthly disbursement instead of by semester.
- *If you are requesting a change in any of the FOAPAL numbers fill in:*
 - Original:* Provide the existing FOAPAL numbers for the existing Detail Code.
 - New:* Provide the new FOAPAL numbers for the existing Detail Code.

SIGNATURES – 2 signatures required.

Once the request is complete the Scholarship Dept. will return a signed copy of your Detail Code Request Form.

For questions on how to complete this form or follow-up inquires on forms previously submitted to the Scholarship Department, please call 646-4105.

All forms and instructions can be downloaded at fa.nmsu.edu/resources/forms/ under Departmental.



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 Las Cruces, NM 88003-8001
 financialaid@nmsu.edu

Banner Detail Code Request Form

Section 1: College Information

College: _____ Department: _____ Date: _____

Contact: _____ Email: _____

MSC: _____ Phone: _____

Section 2: Scholarship/Grant -- NEW (No Detail Code Exists)

Name of Fund: _____ Aid Year: _____ Budget Allocated: \$ _____
(27 character max)

Maximum/Minimum Per Semester: \$ _____ Tuition Based: Yes (intended to cover tuition only) No Stipend Insurance

Semester Disbursement Monthly Disbursement Disburse Date: _____
(day of month)

Index: _____ Fund: _____ Org: _____ Acct: _____ Program: _____

Minimum enrollment required by student: Less than half-time 1/2 time 3/4 time FT
(min cr. 1 UG/GR) (min cr. 6 UG/5 GR) (min cr. 9 UG/7 GR) (min cr. 12 UG/9 GR)

Section 3: CHANGE (Detail Code Already Exists)

Banner Detail Code: _____ Current Fund Name: _____

Type of Change: Inactive Detail Code

Minimum enrollment required by student: Less than half-time 1/2 time 3/4 time FT
(min cr. 1 UG/GR) (min cr. 6 UG/5 GR) (min cr. 9 UG/7 GR) (min cr. 12 UG/9 GR)

New Fund Name: _____ New Budget: \$ _____

Maximum/ Minimum Per Semester: \$ _____ Tuition Based: Yes (intended to cover tuition only) No

Insurance Stipend Monthly to Semester Disbursement Semester to Monthly Disbursement Disbursement Date: _____

Provide the following information if you are requesting a change in any of the FOAPAL numbers:

Original: Index: _____ Fund: _____ Org: _____ Acct: _____ Program: _____

New: Index: _____ Fund: _____ Org: _____ Acct: _____ Program: _____

IMPORTANT: Two signatures are required.

Preparer

Business Manager/Dept. Head/Dean/Director

Submit Original to the Financial Aid Office - MSC 5100

Financial Aid Office Use Only

New Detail Code HED Code Financial Aid Signature Date