

Tuition Waiver Request

This form does not relate to graduate assistantships. These waivers are for short-term credit generating courses. Only tuition is waived. Students are responsible for applicable fees. Prior to registration, project directors must identify participating students to the Scholarship Coordinator (Financial Aid Office), and Student Accounts (Cashier's Office). Names and UID numbers will be required. Billing will occur automatically if student class list are not provided. Waivers will be granted only if earmarked funds are available when award is accepted.

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| For Research and Sponsored Programs RSP # _____ Account # _____ |
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Notify RSP immediately if your waiver needs change.

Requests for grant related Waiver of Tuition must be received in the Research and Sponsored Programs Office, 3040, Hovey 310, ten (10) days prior to the date of proposal submission.

Faculty/Staff: _____ // _____
 Printed Name Signature

Agency/Sponsor: _____
 Federal State Other Project Amount Requested

Proposal Title: _____

Number of Students:
 In-State Resident _____ Out-of-State Resident _____

Number of Credit Hours per Student: _____ For Credit hour value contact RSP 8-2528.

Class Title and Number: _____

Total Value of Waivers:

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------|
| FY _____ | Fall 200 _____ | Spring 200 _____ | Summer 200 _____ | Total _____ |
| In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | |
| Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | |
| FY _____ | Fall 200 _____ | Spring 200 _____ | Summer 200 _____ | Total _____ |
| In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | |
| Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | |
| FY _____ | Fall 200 _____ | Spring 200 _____ | Summer 200 _____ | Total _____ |
| In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | |
| Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | |
| FY _____ | Fall 200 _____ | Spring 200 _____ | Summer 200 _____ | Total _____ |
| In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | In-State \$ _____ | |
| Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | Out-of-State \$ _____ | |

 Associate Vice President for Research Date

Distribution: Cashier
 Financial Aid
 Research and Sponsored Programs
 Faculty/Staff Requesting