Request to Receive Graduate Tuition Benefits for Graduate Research Assistants

Please complete the information below and attach adequate documentation and justification for the tuition waiver request. This form must be submitted and approved by the appropriate Proposal and Contract Administrator in the Office of Sponsored Programs at least 15 days prior to the sponsor's submission deadline. Once approved, this form must be submitted along with the proposal to the Office of Sponsored Programs.

College:	Super	visor/Principal Investigator:	
Sponsor:			
Project Title:			
Anticipated Project S	tart and End Dates:		
Does the sponsor exc	lude tuition as a budget item?		
Yes. Please	attach written documentation	from the sponsor prohibiting	the tuition funding.
	provide written justification for to this form.	or the request in the space below	w. If additional space is needed,
Number of Graduate	Research Assistants Requeste	d:	
	-	u.	
Anticipated Number V	or credit flours per Academic	1 car.	
Reviewed by the Offi	ce of Sponsored Programs:		
Comments:			☐ Approval ☐ Disapproval
			_
Sponsored Programs	(Signature)	Date	
Reviewed by the Grad	duate College:		
Comments:			☐ Approval ☐ Disapproval
Dean of the Graduate	College (Signature)	Date	-