Tuition Adjustment Authorization: Grant

Directions: This form must be completed by the **Principal Investigator** of the grant requesting a Tuition Adjustment. Approval from **Office of Research and Sponsored Programs** must be obtained before the Tuition Adjustment account will be set up. The completed form must be received by the Student Business Services office, JCK 188 ***no later than*** at least 11 business days prior to the payment deadline to ensure all processing can be completed by Student Business Services. Should Principal Investigator and/or Office of Research and Sponsored Programs not meet this deadline they may need to advise their students participating in this program to make other payment arrangements to secure their classes.

Part I: (To be completed by Principal Investigator)

Grant Name: _____

Grant Account Information:

G/L (Sponsored Class): Circle one: **720202 (PARTICIPANT SUPPORT)   or   767900 (STIP SCHOLAR FELLOW)**

FUND _____

Internal Order _____

Part II: Point of Contact Information

Principal Investigator: _____

Campus Mail Address: _____

Campus Phone: _____

ORSP Administration Contact: _____

Campus Mail Address: _____

Campus Phone: _____

I certify that the above listed account information is correct..

_____
Principal Investigator   Date

_____
ORSP Representative   Date

Tuition Adjustment Payment Authorization

Directions: This form must be completed by the Principal Investigator and approved by the ORSP Representative. The completed form must be received by the Student Business Services office, JCK 188 **no later than** five work days prior to the payment deadline to ensure all processing can be completed. Should the Principal Investigator and/or Office of Research and Sponsored Programs not meet the deadline, they may need to advise the students participating in the program to make other payment arrangements to secure their classes.

Part I: (To Be Completed by Principal Investigator)

Grant Name:_____

Grant Internal Order: _____

Part II: Participant Information:

Will the grant cover all credit hours the student is enrolled?   *(circle one)* Yes or No   If no, please indicate the max credit hours in the **Max Amount or Max Credit Hours** column below.

Is there a max dollar amount allowed per student regardless of hours enrolled? *(circle one)* Yes or No   If yes, please indicate the amount in the **Max Amount or Max Credit Hours** column below.

Semester:		
Student Name	*Student Identification #*	*Max Amount*

I certify that the above listed recipients meet all eligibility requirements to receive the tuition and fee adjustment and that all limits and/or conditions have been communicated to the recipients and Student Business Services.

_____   _____
Principal Investigator   Date   ORSP Representative   Date