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.

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<th>Semester:</th>
<th>Student Name</th>
<th>Student Identification #</th>
<th>Max Amount</th>
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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