

Cost Share Assistantship Request



This form is utilized when submitting department/office will pay students stipend and seeking tuition support from College of Graduate Studies.

Department/Office: _____ Mail Stop: _____ Index #: _____

Requestor: _____ Title: _____ Phone #: _____

E-mail address: _____

Business Manager: _____ Extension: _____

Student Direct Supervisor: _____ Title: _____ Phone #: _____

E-mail address: _____

Appointment Type:

Full Time 20 hours per week up to
9 credit hours of tuition support

Part Time 10 hours per week up to
5 credit hours of tuition support

Semesters Requesting Support

Fall

Spring

Summer

Support is being requested for:

Continuing Student

New Student

If department/office will request student to work additional hours as a student worker, student first **MUST** receive approval from the College of Graduate Studies by submitting the "Request for Additional On-Campus Employment Outside of Assistantship Duties" form **before** starting additional duties.

Conditions:

Tuition award refers to graduate level courses (5000 and above) only. Award cannot be applied to any undergraduate, audited, or repeat courses; eligible students must be in a degree granting program of study (excluding EMBA, Law, Doctor of Pharmacy, M.D. program, MSBS – Medical Sciences program, and Physician Assistant program).

Students supported with COGS funding must maintain a GPA of 3.0 or higher to continue receiving tuition support.

Department/Office notification of Approval or Denial of request will be emailed to above address.

COPY OF APPROVAL EMAIL MUST BE ATTACHED TO GAPA, when submitted. If document is not attached to the GAPA, it will delay posting tuition award to student's account.

I acknowledge, by signing and submitting this document, I have read and agree to the above conditions. COGS will notify me by email if request is approved. Approvals of support from COGS are for 2018-2019 fiscal year.

Department/office is required to resubmit request for approval each new fiscal year.

Requestor Signature: _____

Date: _____