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**Cost Share Assistantship Request**

**College of Graduate Studies**

**The University of Toledo**

**MS 933**

**This form is utilized when a department/office is seeking tuition support for a Graduate Assistant.**

Department/Office: Click here to enter text.

Index #: Click here to enter text.

Mail Stop: Click here to enter text.

Requestor: Click here to enter text.

Title: Click here to enter text.

Phone #: Click here to enter text.

E-mail address: Click here to enter text.

Business Manager: Click here to enter text.

Ext.: Click here to enter text.

Student Direct Supervisor:Click here to enter text.

Title: Click here to enter text.

Phone: Click here to enter text.

Email Address: Click here to enter text.

**Appointment Type:**

  or 

**Semesters Requesting Support:**

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If department/office will request student to work additional hours as a student worker, student first **MUST** receive approval from 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.**

By signing and submitting this document, I acknowledge 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 current fiscal year.

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

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 5/7/2015