

## Non-Academic 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

\_\_\_\_\_  
Name of Continuing student

### Conditions:

Additional On-Campus Employment Outside of Assistantship Duties request by a student and department/office where student already holds a graduate assistantship are not allowed.

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 graduate assistantship.

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.**

**Index# utilized on request MUST be the same # associated with PCN entered on ePAF.**

**In comment section of ePAF originator of ePAF MUST state, "student is part of cost share agreement with COGS".**

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: \_\_\_\_\_