

Graduate Research Assistant Tuition Waiver for Grant Funded Projects (Pre-approval)

GRADUATE COLLEGE
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Please provide a copy of approved Form 20 to the Graduate College Business Manager at: acasacci@fau.edu

Request for Tuition Waivers for Graduate Research Assistants (GRA) on Grant Funded Projects (Pre-Approval)

Policy Statement: To use tuition benefits for Graduate Research Assistants, prior approval by the Academic College Dean is required. If allowed by the funding source, the Principal Investigator(s) shall budget for Research Assistants at the in-state tuition rate. Should a non-Florida resident be employed, the non-resident fee will be funded by the University's tuition waiver budget. Form 20 (Pre-approval Form) must be approved before the hiring department can begin recruitment. Form 21 (Approval Form) must be approved prior to including a tuition waiver in the compensation package. Approved Graduate Research Assistants are eligible to receive tuition benefits, provided all requirements listed on the Tuition Benefits Policy for Graduate Students are met.

Required Documentation: Please complete all information below.

Deadline: This form must be submitted and approved by the Academic College Dean at least 15 days prior the anticipated start term. Form 20 (Pre-approval Form) must be approved before the hiring department can begin recruitment.

I. Must be Completed by the Hiring Department

College/Department:

Supervisor/Principal Investigator (AMP/Faculty):

Project Title:

Position Title:

Number of Positions:

Start/End Date:

To:

Proposal #:

Department Contact:

Supervisor Email:

Sponsor:

COMMENTS:

COMPENSATION

Contract (9 month or 12 month):

Maximum Credit Hours/Year:

FTE Assignment (hours/week):

Residency (in-state or out-of-state):

Notes:

Term Stipend:

QUALIFICATIONS

Areas of Study (list all programs/majors that apply):

Degree Level (masters or doctoral):

JUSTIFICATION (Please provide detailed justification of alignment with FAU Strategic Plan and BOG Metrics):

II. Authorization

Reviewed by Supervisor/Principal Investigator: _____ / _____
Supervisor Name Signature Date

Reviewed by Department: _____ / _____
Department Head Name Signature Date

Reviewed by Academic College Dean: _____ / _____
Academic College Dean/ Designee's Name Signature Approved Disapproved Date

Copy forwarded to Graduate College Business Manager: _____ / _____
Designee's Name Signature Date