FORM 21 - Student Hire Approval
Graduate Research Assistant Tuition Waiver for Grant Funded Projects

GRADUATE COLLEGE
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Boca Raton, FL 33431-0991
(561) 297- 4485 FAX: (561) 297-1212
http://fau.edu/graduate/

Please provide a copy of approved Form 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: In order 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. 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: A copy of an approved Form 20 must be on file with the Graduate College before submitting a Form 21.

Deadline: This form must be submitted and approved by the Academic College Dean before the add/drop deadline of the anticipated start term.

I. Must be Completed by the Hiring Department

College/Department: **Department Contact:**
Supervisor/Principal Investigator (AMP/Faculty): **Supervisor Email:**
Project Title: **Student Name:** **Sponsor:**
Position Title: **Proposal #:** **Sudent Z Number:**
Start/End Date: **To**

COMPENSATION
Contract (9 month or 12 month):
Maximum Credit Hours/Year:
FTE Assignment (hours/week): **Term Stipend:**
Residency (in-state or out-of-state):
Notes:

COMMENTS:

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 Dissaproved Date

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