

GRADUATE SCHOOL REQUEST FOR CREDITS FORM

To Support Extramurally Funded Assistantships that do not have Tuition as an Allowable Expense; Ph.D. Students only)

Name of Student to be Supported (State "TBD" if unknown at this time): _____

MUID#: _____

Date of Application _____

Title of Proposed Position (Circle one): RA TA GA Fellowship

Requested Support:

I am requesting the following tuition credits for the aforementioned student.

_____ tuition credits for the Fall semester 20____

_____ tuition credits for the Spring semester 20____

_____ tuition credits for the Summer semester 20____

Required Information

_____ 9 consecutive months of funding (for 2 semesters of credits), 12 consecutive months (for summer credits) from an external source of support. (Please identify source of support and documentation of commitment and committed amount)

_____ Rate to be paid to proposed student will be _\$_____. Note the amount must match or exceed standard department TA/RA/GA rates

_____ We have identified other sources of tuition credit support from external sources to supplement this request in the amount of \$_____ for the upcoming year. These sources of support include _____ If the Department/Program/College has found no other sources of external support to support the tuition credits in this proposal, please enter 0 in the blank space.

Certifications

_____ I certify that the creation of this award will not result in a non Ph.D. student receiving an assistantship that otherwise would not have received funding

_____ I certify that the creation of this award will not result in an increased need for instructional credits awarded or courses offered for my program or Department

_____ I certify that the creation of this award will not result in fewer tuition-paying MA/MS students enrolling at MU

Signatures

_____ Date Dept. Chair _____ Date

_____ Date

Approval
_____ Credits Approved for Fall, 20____ _____ Credits Approved for Spring, 20____
_____ Credits Approved for Summer, 20____ _____ GRAD SCHOOL APPROVER INITIALS

RETURN FORM TO TOM MAREK (thomas.marek@marquette.edu) IN THE GRADUATE SCHOOL 305 HOLTHUSEN HALL