



Grant Tuition Program Form

Faculty Name: _____

List of Awards:

Project ID	Sponsor	Start Date & End Date	Direct Cost per Year	Indirect Cost per Year	Full Indirect on Award?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

List of Students:

Student Name	CSU ID	Semesters	Stipend	Requested Credit Hours per Semester

Please email completed forms to Joy Yard (j.yard@csuohio.edu) and Roman Kondratov (r.kondratov@csuohio.edu) in the Office of Research, indicating "GTP" in the subject line.

For Office of Research Use Only:

Associate VP for Research Approval