

STUDENT GRANT SUPPORT FORM

Office of Research and Sponsored Programs Holthusen Hall 341 http://www.marquette.edu/orsp

INSTRUCTIONS: Complete this form to request tuition credits to be paid to a student from a grant. Email the completed form to postaward@marquette.edu.

SECTION 1: STUDENT INFORMATION

lent's Last Name		First Name			Middle Initial			
: (Graduate) (Undergr	adua	ate) (Law Scho	ol) (D	ental S	chool)		
PRINCIPAL INV	/ESTIGAT	ГOF	R INFORMATION	N				
PI's Last Name			First Name			Middle Initial		
or			Grant Start and	End Dates				
for each session an	d complete	the	account number ar	id number	of crea	dits.		
FALL	у	ear	SPRING		year	SUMMER		year
Continuation Course	e 🗌 Yes-10)0	Continuation Cours	se 🗌 Yes-S	\$100			
Account #	Credits or \$		Account #	Credits or \$		Account #	Credits or \$	
stigator's Signature I Signer)					_ Date			_
eted By an signer)			Phone Ext.		I	Date		
	: (Graduate) (PRINCIPAL INV ne or for each session an FALL Continuation Course Account # stigator's Signature I Signer) eted By	: (Graduate) (Undergr PRINCIPAL INVESTIGAT ne	: (Graduate) (Undergradua PRINCIPAL INVESTIGATOR ne	: (Graduate) (Undergraduate) (Law Scho PRINCIPAL INVESTIGATOR INFORMATION ne First Name or Grant Start and for each session and complete the account number an FALL year SPRING Continuation Course Yes-100 Continuation Course Account # Credits or \$ Account # Credits or \$ Account # Stigator's Signature stigator's Signature stigator's Signature teted By Phone Ext.	: (Graduate) (Undergraduate) (Law School) (D PRINCIPAL INVESTIGATOR INFORMATION ne First Name or Grant Start and End Dates for each session and complete the account number and number for each session and complete the account number and number FALL year SPRING Continuation Course Yes-100 Continuation Course Yes-3 Account # Credits or \$ Account # Credits Account # Credits or \$ Account # Credits stigator's Signature	: (Graduate) (Undergraduate) (Law School) (Dental S PRINCIPAL INVESTIGATOR INFORMATION ne First Name or Grant Start and End Dates for each session and complete the account number and number of cred FALL year SPRING year Continuation Course Yes-100 Continuation Course Yes-\$100 Account # Credits or \$ Account # Credits or \$ Account # Credits or \$ Date stigator's Signature Date l Signer) eted By Phone Ext 1	: (Graduate) (Undergraduate) (Law School) (Dental School) PRINCIPAL INVESTIGATOR INFORMATION ne First Name Middle Is or Grant Start and End Dates for each session and complete the account number and number of credits. FALL year SPRING year SUMMER Continuation Course Yes-100 Continuation Course Yes-\$100 Account # Credits or \$ Account # Stigator's Signature Date	: (Graduate) (Undergraduate) (Law School) (Dental School) PRINCIPAL INVESTIGATOR INFORMATION ne First Name Middle Initial or Grant Start and End Dates for each session and complete the account number and number of credits. FALL year SPRING year SUMMER Continuation Course Yes-100 Continuation Course Yes-100 Continuation Course Yes-100 Account # Credits or \$ Account # Credits or \$ Account # Credit Account # Credits or \$ Account # Credits or \$ Account # Credit Stigator's Signature Date tigger) eted By Phone Ext Date

SUBMIT COMPLETED FORM TO postaward@marquette.edu

ORSP Use Only:	
Item Type:	
Award Entered On:	By:
Posted to Student Account:	
Comments:	

***This form is designed to allows PI's and Authorized Signers to request multiple semesters of credits during the <u>current</u> <u>academic year only</u>. In the event credits have been applied to a students account and they do not work on your project, the PI must contact ORSP to have those credits reversed.