

**STUDENT BUSINESS SERVICES'  
OFFICE USE ONLY**

TA Code: \_\_\_\_\_

Date Received: \_\_\_\_\_

TA Entered By: \_\_\_\_\_

## **Tuition Payment Authorization**

**Directions:** This form must be completed by the Principal Investigator and approved by the ORSP Representative. The completed form must be received by the Student Business Services office, JCK 188 ***no later than*** five work days prior to the payment deadline to ensure all processing can be completed. Should the Principal Investigator and/or Office of Research and Sponsored Programs not meet the deadline, they may need to advise the students participating in the program to make other payment arrangements to secure their classes.

**Part I: (To Be Completed by Principal Investigator)**

Grant Name: \_\_\_\_\_

Grant Internal Order: \_\_\_\_\_

**Part II: Participant Information:**

Will the grant cover all credit hours the student is enrolled? (*circle one*) Yes or No If no, please indicate the max credit hours in the **Max Amount or Max Credit Hours** column below.

Is there a max dollar amount allowed per student regardless of hours enrolled? (*circle one*) Yes or No If yes, please indicate the amount in the **Max Amount or Max Credit Hours** column below.

<b>Semester:</b>		
<i>Student Name</i>	<i>Student Identification #</i>	<i>Max Amount or Max Credit Hours</i>

I certify that the above listed recipients meet all eligibility requirements to receive the tuition and fee adjustment and that all limits and/or conditions have been communicated to the recipients and Student Business Services.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
ORSP Representative

\_\_\_\_\_  
Date