

COLLEGE of EDUCATION

SUMMER TUITION ASSISTANCE PROGRAM - APPLICATION FORM

One copy to be retained in department and one copy forwarded to Associate Dean for Graduate Studies, Research, and Faculty Development, 241 Chambers Building, University Park, PA 16802. **It is strongly encouraged that all forms be submitted on or before April 1 in order for the award to appear on the students' semester bills.** Awards will be considered after this deadline if there is any remaining funds.

STUDENT SECTION

Applicant's Full Name (Last, First, Middle)

PSU Student ID

Campus Mailing Address

Telephone Number

E-mail Address

Academic Program

Degree

Advisor's Name

Permanent Resident of Pennsylvania: ☐ Yes ☐ No

Please indicate the courses you intend to take and the total number of credits you are requesting. **(You may request up to 9 credit hours during the summer session, Graduate Lecturers maximum credit limit is 5. You will be notified via e-mail of your award. If you register for more credits than awarded, you will be charged for the additional credits.)**

Course Name and Number

Number of Credits

Total Number of Credits

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Student Signature

Date

Advisor Signature

Date

By signing this form, the advisor is guaranteeing that courses the student is requesting waiver for are required for the completion of the student's course of study.

BUDGET ADMINISTRATOR SECTION

Please check the appropriate box indicating why student is eligible.

1. ☐ Received an assistantship/fellowship supported by general funds, grant, contract, or other restricted funds during the current academic year (Fall and Spring semesters). List the source of student's assistantship for preceding semesters. (Do not use clearing account budgets; use the budget to which the assistantship is charged.)

Fall Semester 2006

Budget Name

Budget Number

Fund Number

Spring Semester 2007

Budget Name

Budget Number

Fund Number

2. ☐ Appointed as a Graduate Lecturer (refer to PR-17 in Policy Manual) from general funds. (Limited to a maximum of 5 credit hours for summer tuition remission.)

Budget Administrator Signature

Date

Campus Phone Number