This form may be completed online but must be printed for signatures. Submit original and one (1) copy.

CONTRACT AND GRANT TUITION AND FEES

Contract/Grant Number
Assigned by Awarding Agency _____

For which Term?
Interim Term ▼ 20 ____

Project Director (Name) _____

University Account Number _____

Funding agency's policy prohibits payment of out of state tuition (check only ONE):

Yes ☐

No ☐

Type in the information below in the unshaded areas only.

Social Security Number	Name (Last, First, M.I.)	Charges

_____ **APPROVED:** _____

Project Director/Project Investigator

Contract & Grant Accounting

_____

Date

Note: If grant allows for both in and out of state tuition, please mark it on this form and do not fill out the "Special Request for Out-of-State Tuition Award for Graduate Assistants".