

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

Student's Last Name _____ First Name _____ Middle Initial _____

MUID _____

Student Status: Graduate) Undergraduate) Law School) Dental School)

SECTION 2: PRINCIPAL INVESTIGATOR INFORMATION

PI's Last Name _____ First Name _____

			<input type="checkbox"/> Yes-\$100			
Charge to:	Account #	Creditsor \$	Account #	Creditsor \$	Account #	Creditsor \$
Grant						
Cost Share						
ORSP						

Principal Investigator's Signature _____ Date _____
 (or Authorized Signer)

Form Completed By _____ Phone Ext. _____ Date _____
 (if different than signer)

SUBMIT COMPLETED FORM TO postaward @marquette.edu

Award Entered On:		By:	
Posted to Student Account			
Comments:			