The Research Office

Graduate Research Assistant Tuition Program

**Note:** Application must be submitted by the Faculty Advisor/Mentor or Unit Head.

* This Graduate Research Assistant Tuition (GReAT) Program is to supplement tuition support to **full-time** **(> 8 credit hours/semester per OU policy)** graduate research assistant (**GRA**).
* The faculty advisor/mentor or unit head must provide evidence that the GRA is, or will be, receiving stipend support to conduct research during the period of GReAT support.
* Teaching Assistants (TAs) and recipients of any other scholarships are **not** qualified for GReAT.

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| **Faculty Applicant Information**   |  |  |  |  | | --- | --- | --- | --- | | Faculty/Chair/Unit Head: |  | Email:      @oakland.edu |  | | Department: |  | Extension: |  | | School/College/Center: |  | Title: |  | | |
| **Please describe the need for this award and how – specifically – this award will benefit your existing or developing research agenda. If the work described here is expected to lead to additional funding, please describe your plans for seeking that funding.**    **Student Information**   |  |  |  | | --- | --- | --- | | Student First Name: |  | Last Name: | | Department: |  | Current GPA (must be be > 3.0 to be eligible): |   Degree Sought: Masters Doctoral Expected Date of Graduation (mm/yy): | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Apply**  **For** | **Year** | **Stipend** | | **Credit**  **Hours** | **Tuition Requested** | **Submission**  **Deadline** | **Graduate Study**  **Review/Approval** | **Research Office**  **Recommendation** | | **Amount** | **Fund #** | | Fall |  | $ |  |  | $ | 2nd Monday of  March (or May\*) | 4th Monday of  March (or May\*) | 1st Monday of  April (or June\*) | | Winter |  | $ |  |  | $ | 2nd Monday of September | 4th Monday of  September | 1st Monday of  October | | **TOTAL** | | | | | $ |  | | |   \* Applications submitted in response to the later deadline, usually for newly admitted students, are subject to budget availability. | |

 **By submitting this application, I certify that information provided in this application is true.**

Email this form to: [research@oakland.edu](mailto:research@oakland.edu)

**Review & Recommendation** (Research Office Use Only)

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| **Research Office:** |  | Approve | Deny | Date: | Type in Name: |
| **AVP for Research:** |  | Approve | Deny | Date: | Type in Name: |

*Revised 8/9/17*