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:       |  |

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| **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):       |
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| **Apply****For** | **Year** | **Stipend** | **Credit****Hours** | **Tuition Requested** | **Submission****Deadline** | **Graduate Study****Review/Approval** | **Research Office****Recommendation** |
| **Amount** | **Fund #** |
| Fall |      |  $      |       |    |  $      | 2nd Monday ofMarch (or May\*) | 4th Monday of March (or May\*) | 1st Monday ofApril (or June\*) |
| Winter |      |  $      |       |    |  $      | 2nd Monday of September | 4th Monday of September | 1st Monday ofOctober |
| **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

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

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

*Revised 8/9/17*