



Grant Tuition Program Form

Faculty Name: _____ Project ID: _____

Project Title: _____

Award Period of Grant **Grant Start Date** **Grant End Date**

Sponsor: _____

Direct Cost per Year Indirect Cost per Year Full Indirect on Award?
_____ _____ Yes No

List of Students:

Student Name	CSU ID	Semesters	Stipend	Requested Credit Hours per Semester

Please email completed forms to Joy Yard (j.yard@csuohio.edu) and Roman Kondratov (r.kondratov@csuohio.edu) in the Office of Research, indicating "GTP" in the subject line.

For Office of Research Use Only:

Associate VP for Research Approval