

TENNESSEE BOARD OF REGENTS
FACULTY OR ADMINISTRATIVE/PROFESSIONAL STAFF GRANT-IN-AID PROGRAM
RECOMMENDATION FORM

This program is designed to provide tuition or maintenance or tuition-related fees and/or living allowance for an individual who - on an approved leave of absence - is enrolled on a full-time basis in credit courses.

Employee Name: _____ Employee ID number _____
Department: _____ Index/Budget Acct. No... _____
Current Degree _____ Additional Hours _____

Please provide answers to the following questions:

1. Are you a full-time administrative/professional staff member who has been employed at the institution two or more years?

Yes [] No []

2. Will the proposed study for which support is recommended enhance your value to the institution as defined below? (Check appropriate purposes.)

[] Doctorate or other terminal degree

[] Degree below the doctorate in a technical or professional area

[] Personnel training or retraining to enhance expertise needed by the institution

[] Other (Explain)

3. What is the institution at which you will be studying? _____

4. What is the name of the program and degree level goal in which you will be studying?

(Name of Program) (Degree Level: Bachelor, Masters, Specialist, Doctorate, other) _____

5. For which term(s) are you seeking grant-in-aid support as a full-time student:

6. What is the amount and purpose for the requested grant-in-aid support?

(A) Tuition-related fees requested for terms specified in #5. (Total) _____

Reimbursement of tuition-related fees may not exceed actual maintenance fees or tuition. Tuition-related fees may include maintenance fees, tuition, debt service fees, service charges and incidental fees payable at the time of registration, but shall not include room, board, and supplies.

B) Monthly living allowance requested. (Total) _____

Monthly living allowances may not exceed 50% of the grantee's monthly salary. Academic year salaries are to be divided by twelve to derive an equated monthly salary rate.

Base salary? _____ FY or AY? _____ Monthly Salary? _____

(C) Grant-in-aid support requested (Total) _____

7. Indicate the source and amount of any additional support you will have for expenses

incurred during the period indicated in #6. Amount: \$ _____ Source: _____

8. Provide information requested below concerning any other grant-in-aid you may have had.

(A) Have you previously held a grant-in-aid? [] Yes [] No

If yes: when? _____

(B) Where was the study? _____

(C) Describe what was achieved? _____

(D) Have you fulfilled the "return to employment" obligation? Yes No

9. Is an exception to Guideline P-130 requested? Yes No
If "yes", explain exception requested?

APPROVAL OF GRANT-IN-AID:

INSTITUTION NAME

Employee Signature

Date

Supervisor Signature

Title

Date

Dean/Director Signature

Title

Date

Vice President Signature

Title

Date

Chief Executive or designee Signature

Title

Date