

Grant Tuition Program Form

| Faculty Name: | | | | | | | |
|---|---|---|---|-------------------------|---------------------------|------------------------|--|
| List of Awards: | | | | | | | |
| Project ID | Sponsor | Start Date | End Date | Direct Cost per Year | Indirect Cost per Year | Full Indirec on Award? | |
| | | | | per reur | per rear | Yes No | |
| | | | | | | Yes No | |
| | | | | | | Yes No | |
| hD rate only) for the difference of the PI is responsively a surance line. Some surance line. | ay for up to 9 credit ho for a student if that students that students be covered by othersible for covering at lessubmitted on or after A See here for current here | dent's stipend is pa er sources. east 70% of the cos pril 1, 2024. For p | aid for by the s st of health inspreyious grants | ame grant. See h | supported student | e schedule. | |
| ist of Student | s: | | | G. A. A | G. | | |
| Student Name | | Student 1 | | Student 2 | Stu | Student 3 | |
| CSU ID | | | | | | | |
| Semesters | | | | | | | |
| Stipend amou | int | | | | | | |
| Account for tl | he stipend | | | | | | |
| in-state and o | he difference between ut-of-state tuition nternational health | | | | | | |
| | Health Insurance | | | | | | |
| Explain what fu | unding sources will be | used to cover this | health insuran | ce if it will not b | pe paid by the gran | t below: | |
| | ompleted forms to Joy Ya Offic search Use Only: | ard (j.yard@csuohi ce of Research, indic | | | kondratov@csuohi | o.edu) in the | |
| Associate VP for | · Research Approval | | | | | | |