



Determination of Eligibility for the Graduate Student Tuition Support Program

(For assistantships, the determination process is to begin in the student's employing department)

Semester(s) (check where appropriate): FS _____ SP _____ SS _____
year year year

Type or print in capital letters:

Student's name: _____
Last First Middle

Mizzou ID number: _____

Academic program: _____ Contact person: _____ Phone: _____

Assistantship or fellowship/scholarship information: Please complete one of the following two sections. If the student is being paid from a grant/contract account, the resident tuition will be charged to that account. The non-resident fee will be covered by the GSTSP. If the funding agency considers tuition a non-allowable cost, please attach written documentation for review.

Assistantship Appointment Information						
Title	Appointment Dates		Total salary	FTE	Is the student funded by a grant/contract?	
	From	To			Yes	No
					Proposal No. _____	
					Grant No. _____	
					Is tuition waiver allowed on grant?	
					Yes MO Code: _____	
					No MO Code: _____	
Employing department: _____			Authorized signature: _____			

Fellowship/Scholarship Information

Name of fellowship/scholarship	Begin Date	End Date	Total Amount

GSTSP ELIGIBILITY

Assistantships for the entire semester at least .25 FTE and a qualifying title entitle the student to a full tuition waiver.* **OR** Fellowships must be at least the equivalent of the current value of a .25 FTE assistantship per semester.

AND

The student must: be in good academic standing as determined by his or her academic program; have not exceeded the GSTSP time limits of support (beginning fall semester 1998); meet the minimum academic requirements established by the Graduate Faculty Senate; and meet department/program-developed criteria approved by the divisional dean and the provost. If a student is funded by a grant/contract, the grant/contract, if allowable, will be expected to cover the cost of the student's resident tuition.

*Appointments of at least .25 FTE and a qualifying title but for less than a full semester provide a partial (prorated) waiver. Note: See GSTSP web page for more information.

Academic program chair signature: _____ Date: _____

Please type or print name: _____

For GTSTP office only:	Non-resident	Resident	Transaction codes entered: _____	Date: _____
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