



STUDENT GRANT SUPPORT FORM

Revised 8/20/2019

Office of Research and Sponsored Programs
Holthusen Hall 341
<http://www.marquette.edu/orsp>

INSTRUCTIONS: Complete this form to request tuition credits to be paid to a student from a grant. Email the completed form to postaward@marquette.edu.

SECTION 1: STUDENT INFORMATION

Student's Last Name _____ First Name _____ Middle Initial _____

MUID _____

Student Status: (Graduate) (Undergraduate) (Law School) (Dental School)

SECTION 2: PRINCIPAL INVESTIGATOR INFORMATION

PI's Last Name _____ First Name _____ Middle Initial _____

Grant Sponsor _____ Grant Start and End Dates _____

Enter the year for each session and complete the account number and number of credits.

	FALL	year	SPRING	year	SUMMER	year
	Continuation Course <input type="checkbox"/> Yes-100		Continuation Course <input type="checkbox"/> Yes-\$100			
Charge to:	Account #	Credits or \$	Account #	Credits or \$	Account #	Credits or \$
Grant						
Cost Share						
ORSP						

Principal Investigator's Signature _____ Date _____
(or Authorized Signer)

Form Completed By _____ Phone Ext. _____ Date _____
(if different than signer)

SUBMIT COMPLETED FORM TO postaward@marquette.edu

ORSP Use Only:	
Item Type:	
Award Entered On:	By: _____
Posted to Student Account:	
Comments:	