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 ______________________________       Soc. Sec. No. ____________________
Department _________________________________ Budget Acct. No. _________________
Current Degree _______________________________ Additional Hours ________________
Status: ______________________________________ Beyond Degree _________________
(Degree and Area)

Please provide answers to the following questions:

1. Is the employee 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 the employee’s value to the institution as defined below? (Check appropriate purposes.)
   [ ] Support for person working toward the doctorate or other terminal degree
   [ ] Support for person pursuing a degree below the doctorate in a technical or professional area
   [ ] Support for personnel training or retraining to enhance expertise needed by the institution
   [ ] Other (Explain _____________________________________________________________________)

3. In choosing to recommend the employee from those eligible, has the institution recognized the following priority? [ ] Yes [ ] No
   Request from tenured/non-tenured personnel of departments in which the institution desires further development.

4. What is the institution at which the individual will be studying? _______________________________

5. What is the name of the program and degree level goal in which the individual will be studying?
   (Name of Program) (Degree Level: Bacc., Masters, Specialist, Doctorate, other)

6. For which term is the individual seeking grant-in-aid support as a full-time student (check appropriate terms in A or B below, depending on the calendar of the institution in which the individual is studying)

   (A) For semester institutions
   [ ] Summer Semester, 20_____     [ ] Fall Semester, 20_____     [ ] Spring Semester, 20_____  
   [ ] Other: Explain ________________________________________________________________

   (B) For quarter institutions
   [ ] Summer Quarter, 20_____     [ ] Fall Quarter, 20_____    [ ] Winter Quarter, 20_____
   [ ] Spring Quarter, 20_____     [ ] Other: Explain ____________________________________

A grant-in-aid shall not be awarded for a period longer than twelve (12) months.
7. What is the amount and purpose for the requested grant-in-aid support?

(A) Tuition-related fees requested for terms check in #6.
   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 $___________________

8. Indicate below the source and amount of any additional support the individual will have for expenses incurred during the period indicated in #6.
   Amount $________________ Source:______________________________________________

9. Provide information requested below concerning any other grant-in-aid individual may have had.
   (A) Has the individual previously held a grant-in-aid? [ ] Yes [ ] No
   (B) If “yes”, when? ___________________________
   (C) If “yes”, where was the study? ______________________________________________________
   (D) If “yes”, describe what was achieved? ________________________________________________
   (E) If “yes”, has the individual fulfilled the “return to employment” obligation? [ ] Yes [ ] No

10. Is an exception to Guideline P-130 requested? [ ] Yes [ ] No
    If “yes”, explain exception requested: ___________________________________________________
        ______________________________________________________________________________________
        ______________________________________________________________________________________

__________________________________ ____________________________________________
APPROVAL OF GRANT-IN-AID INSTITUTION

__________________________________ __________________
PRESIDENT OR DESIGNEE DATE

Revised May 19, 2009 Presidents Meeting