MIDDLE TENNESSEE STATE UNIVERSITY
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 ____________________
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 Middle Tennessee State University (MTSU) two or more years?  Yes [ ] No [ ]

2. Will the proposed study for which support is recommended enhance the employee’s value to MTSU 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 MTSU
   [ ] Other (Explain) ____________________________________________

3. In choosing to recommend the employee from those eligible, has MTSU recognized the following priority?
   [ ] Yes   [ ] No
   Request from tenured/non-tenured personnel of departments in which MTSU 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: Bachelor, Masters, Specialist, Doctorate, other)

6. For which term(s) 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 specified 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 you 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 Policy 830 requested? [ ] Yes [ ] No
    If "yes", explain exception requested:

    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

    Approval of Grant-in-Aid                                           Date

    President or Designee                                            Date