Appendix A

TENNESSEE BOARD OF REGENTS
FACULTY OR ADMINISTRATIVE/PROFESSIONAL STAFF
GRANT-IN-AID PROGRAM RECOMMENDATION FORM

This program is designed to provide tuition or maintenance 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 Account No.____________________

Current Degree Status
(Degree and Area) ________________________ (Additional Hours Beyond Degree [No.])

Please provide answers to the following questions:

(1) Is the employee a full-time faculty or administrative/professional staff member who has been employed at the nominating institution/school two or more years?

Yes [ ] No [ ]

(2) Will the proposed study for which support is recommended enhance the employee’s value to the institution/school 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 description

[ ] Support for personnel training or retaining to enhance expertise needed by the institution/school

[ ] Other (Explain)

(3) In choosing to recommend the employee from those eligible, has the institution/school recognized the following priorities?

(a) requests for minority and female personnel,

(b) requests for tenured faculty,
(c) requests for tenured/non-tenured personnel of departments in which the institution/school desires further development.

[ ] Yes [ ] No

(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 terms 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, 19________
[ ] Fall semester, 19________
[ ] Spring semester, 19________
[ ] Other: Explain: ____________________________

(B) For quarter institutions

[ ] Summer quarter, 19________
[ ] Fall quarter, 19________
[ ] Winter quarter, 19________
[ ] Spring quarter, 19________
[ ] 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 checked 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

Monthy living allowances may not exceed 50% of the
grantee's monthly salary. Academic year salaries are to be
divided by nine to derive an equated monthly salary rate.
Base salary? ______________________
FY or AY? ______________________
Monthly salary? ______________________

(Total) _______

(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 the 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?

______________________________

(10) Is an exception to TBR Guideline, P-131 requested?

[ ] Yes  [ ] No

If "yes", explain exception requested.
APPROVAL OF GRANT-IN-AID:

INSTITUTION

President/Director

Date