



TUITION COST SHARE REQUEST FORM

1. DATE:
2. OSP FILE #:
3. PROPOSAL TITLE:
4. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:
5. SPONSOR:
6. PROPOSAL DEADLINE:
7. DOES THE SPONSOR IMPOSE A CAP ON FUNDING? YES NO
8. IF YES, CAP AMOUNT:
9. TOTAL # OF GRA'S IDENTIFIED IN THE BUDGET:
10. TOTAL # OF WAIVERS REQUESTED (NOTE: ONE WAIVER IS RECOGNIZED PER GRA):
11. JUSTIFICATION:

SIGNATURE
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

DATE: _____

APPROVAL GRANTED
DIRECTOR, OFFICE OF SPONSORED PROJECTS

DATE: _____

QUESTIONS REGARDING THIS FORM SHOULD BE DIRECTED TO YOUR APPROPRIATE OSP RESEARCH DEVELOPMENT SPECIALIST (RDS). RDS CONTACT INFORMATION CAN BE FOUND AT [HTTP://WWW.OSP.NIU.EDU/OSP/AUDIENCE/DEVELOPMENT_STAFF.SHTML](http://www.osp.niu.edu/osp/audience/development_staff.shtml) OR BY CALLING THE OSP MAIN OFFICE AT 753-1581.