

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 Status _____
(Degree and Area) (Number of Additional Hours Beyond Degree)

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/technology center/Central Office two or more years?

Yes No

2. Will the proposed study for which support is recommended enhance the employee's value to the institution/technology center/Central Office 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 retraining to enhance expertise needed by the institution/technology center/Central Office

Other (Explain)

3. In choosing to recommend the employee from those eligible, has the institution/technology center/Central Office recognized the following priorities?

a. requests from minority and female personnel

b. requests from tenured/non-tenured personnel of departments in which the institution/technology center/Central Office 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, Master, 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, 2_____
- Fall semester, 2_____
- Spring semester, 2_____
- Other: Explain: _____

b. For quarter institutions

- Summer quarter, 2_____
- Fall quarter, 2_____
- Winter quarter, 2_____
- Spring quarter, 2_____
- 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.

Total _____

Monthly 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? _____

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? _____

10. Is an exception to Guideline P-130 requested?

Yes No

If yes, explain exception requested? _____

APPROVAL OF GRANT-IN-AID:

INSTITUTION/TECHNOLOGY CENTER/CENTRAL OFFICE

President/Director/Chancellor

Date