

**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