

# RESEARCH FOUNDATION GRANT RELATED TUITION FORM

**Instructions:** Please complete one form for each student who will be entitled to a grant related tuition payment. If tuition is to be waived, the student must pay his/her own fees, or the project director must arrange for the project to pay fees. Fees may not be waived. This form must be approved by the Office of Research Administration before registration. This is the only form that will be accepted for registration purposes.

**PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS**

**TUITION WILL BE<sup>\*</sup>:**  
WAIVED BILLED  
*Circle one*

**SEMESTER:** Circle semester:  
 Fall Winter Spring Summer \_\_\_\_\_  
 YEAR

**DEPARTMENT:** \_\_\_\_\_

**REVISION?:** Yes  No   
*Circle one*

I am a NY state Resident  or Non NYS Resident  as defined by Hunter College Admissions. Please check appropriate box.

A revised form should include all classes covered by the grant.

The grant will pay the out of state Tuition (Please check one box) YES  No

**RESEARCH FOUNDATION ACCOUNT NUMBER:** RF# \_\_\_\_\_

**STUDENT'S ID NUMBER** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_  
 Last name First Name

<u>COURSE NUMBER</u>	<u>CODE #</u>	<u>CREDITS</u>	<u>COST/CREDIT</u>	<u>CLASS COST</u>
_____	_____	_____	\$305 (UG) \$470(G) \$620 (SSW)	_____
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_____	_____	_____	\$305(UG) \$470(G) \$620 (SSW)	_____

Student activity fees will be paid by: STUDENT GRANT  
*Circle one*

**TOTAL AMOUNT OF TUITION WAIVER/BILLING:** \$ \_\_\_\_\_

**\*\*Tuition can only be waived at the in-state rate.\*\***

<b>For Office Use Only</b>	
Amount Waived: \$	_____
Amount Billed: \$	_____

I agree that in the event I drop credits, (i.e., reduce my course-load or do not complete the class after the deadline for 100% refund of tuition), I will be responsible for all waived and /or billed and fees.

HAS THE STUDENT BEEN ADMITTED TO HUNTER COLLEGE? *Please circle:*  
 YES NO  
 Is this semester the First Semester for the student? YES NO  
 If YES, will the grant cover the application fee/? YES NO

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ PI or Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Research Administration Approval:	Signature of Director or Assistant Director _____	Date <u>  /  /  </u>

**\*BILLED MEANS CHARGED DIRECTLY TO THE GRANT. WAIVED MEANS NO CHARGE TO THE GRANT. A WAIVER MUST BE PREVIOUSLY APPROVED BY THE CHANCELLOR'S OFFICE.**  
 \* Cost/Credit - (G) Graduate (UG) Undergraduate (SSW) School of Social Work