

# 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:**

FALL SPRING SUMMER \_\_\_\_\_  
CIRCLE ONE 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 a box.*

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

The grant will pay the out of state fees. YES  No

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

**STUDENT'S SOCIAL SECURITY 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>
_____	_____	_____	\$170 (UG) \$270 (G) \$320 (SSW)	_____
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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 even 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.

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

**Students Signatures:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**PI OR DESIGNEE'S SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

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

**\*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