

Northern Illinois University
Graduate School
Grant-Participant Tuition Waiver Scholarship

This form is to be submitted the Recruitment Office, before the beginning of the academic term in which the tuition waiver is to begin.

Department: _____ Academic term and year for scholarship: _____

The following student is recommended for a tuition-waiver scholarship this academic term of participation in the following grant (Grant name and Grant Number) _____ NIU Grant Administrator _____:

Last name: _____ First name: _____ Student EMPLID: _____

Program: _____
Indicate SAL, or *both* the name of the degree (e.g., M.A., M.S.Ed., Ph.D., Ed.D.) *and* the name of the major (e.g., History, Counseling).

The department states that the student has met **ALL** the following criteria:

- Has been admitted to post-baccalaureate study for the academic term in which the tuition waiver scholarship is to begin
- Has been selected for this award by a written assessment, **on file in the department office**, of how well the selection criteria were met
- Is enrolled to the extent required by the grant
- Has been informed that tuition will be waived during the specified academic terms as long as good academic standing is maintained, and that payment of fees remains the obligation of the student

The Graduate School will determine whether the requirement for Selective-Service registration certification has been met.

Authorized Principal Investigator Signature _____ Date

Graduate School Approval Signature _____ Date

Graduate School Use Only	
GPA	_____
Admitted	_____
Sel.-Serv. Cert.	_____
Verified by	_____
Date	_____