



Instructions: Please fill out the table below indicating the number of Graduate Research Assistants needing support each year by semester in the “# of Students” column. Also indicate the number of credit hours needed each semester (Fall, Spring, Summer). Total stipend value should reflect at least the current [published rate](#) or the rate specific to the discipline. OSP will assist with the table. ***It is expected for Research Assistants to work 20 hours per week and be full-time enrolled (9 credit hours minimum per semester). A stipend must be requested from the external funding source for each semester a tuition waiver is requested.***

Academic Year	20xx – 20xx		20xx – 20xx		20xx – 20xx		20xx – 20xx		20xx – 20xx	
	Credit hours per student	# of Students /tuition waivers	Credit hours per student	# of Students /tuition waivers	Credit hours per student	# of Students /tuition waivers	Credit hours per student	# of Students /tuition waivers	Credit hours per student	# of Students /tuition waivers
Fall										
Spring										
Summer										
Total Per Year										

Is a stipend requested on the grant for each semester a tuition waiver is requested? Yes No

Total projected stipend value supported by the grant if funded: \$ _____

Total students/tuition waivers supported during grant period: _____

*Total projected in-state tuition request from The Graduate School: \$ _____

*NOTE: In-state tuition assistance will be extended by The Graduate School according to posted approved rates and may differ from the projected values.

Section D: Certification

I certify that the statements made on this application are, to the best of my knowledge, complete and correct, and that the selected Research Assistant will comply with all requirements to receive support under this program and that I will supervise all research activity of this individual.

Research Advisor: _____
Signature Date

Section E: Authorization

Support for the described externally-funded research assistant is approved for the period(s) and at the levels specified in this application.

Vice President for Research, Economic Development & Innovation: _____
Signature Date

Once reviewed by OSP, please return this completed and signed application with the proposal budget and narrative to the Vice President for Research, Economic Development & Innovation: VicePresidentREDI@jmu.edu.

Questions? Contact OSP at 540-568-6872 or via email at jmu_grants@jmu.edu.