

## **RIT Graduate Assistant Tuition Remission Worksheet**

Charged to Grants, Contracts, and/or Cost Share Accounts

- Complete a Separate Form for each Student and for each Academic Year -

Student's Name:	Student UID#:
Name of Person Completing Form:	Phone:
Principal Investigator (PI):	PI Signature:
Academic Year Assistance Being Provided:	Project Start-End Date: to
Project Title: "	"
Please fill in the remainder of the 24-digit Orac	cle account number (refer to PI Letter issued by SPA):
24-digit RIT Oracle account number:	. 82010
Check appropriate appointment:	Check appropriate appointment hours:
□GA □GGA □GTA □GRA	□20hrs. □10hrs. □ "Other" (specifiy # hours)
Percentage to be funded by the Sponsor (p           Acct. #           Summer%         Fall%	Winter% Spring%  Ege/Dept. (project number must begin with a "C")
Summer% Fall%	% Winter% Spring%
Cost share percentage funded by the Office Cost share project number (must begin wit	ce of Financial Aid and Scholarships (prior approval required) th a "C"): C
Summer% Fall%	% Winter% Spring%

Please return this form along with the Graduate Assistant Stipend Request Form and the Graduate Assistant Job Description Form to :

Sponsored Programs Accounting, Building 78, Office 1131