APPLICATION FOR GRANT-RELATED DOCTORAL ASSISTANTSHIPS

Montclair State University

Please note that this form is for Doctoral students and requires approval of the DPD.

Please complete this application for grant or match funded Doctoral Assistantships. The PI should complete the top portion including job description and forward it to the DPD for their approval. Once completed, the form must be submitted via e- mail to grantaccounting@montclair.edu. Upon the approval of Grant Accounting, the form will be forwarded to The Graduate School for processing, and the PI will be notified accordingly. If you have not been contacted by The Graduate School within 5 business days of submission to Grant Accounting, please follow up with Grant Accounting as appropriate.

PI Name: _____ Department: _____

Title of Grant: _____

PI to Complete:

DA Student Name: _____ CWID: _____

Funding Year(s): _____   Funding Semester: Fall _____   Spring _____

Stipend Funded by Grant: $_____   Credits Covered by Grant: _____ credits

Grant Worktags: _____ _____ _____ _____
                     (Fund)   (Cost Center)   (Grant ID)   (Banner Detail Code)

From TGS DA Funds (To be approved by DPD. If the offer is fully Grant or Foundation funded, please enter NA.)

Stipend Funded by Match: $ _____   Credits Covered by Match: _____ credits

(A Match Funded Offer includes funding from a Grant *AND* from another funding source such as TGS DA Funds or Foundation Funds)

Job Description:

DPD to Complete this Section:

Stipend Funded by Match: $ _____   Credits Covered by Match: _____ credits
(Confirm request from TGS DA Funds)   (Confirm request from TGS DA Funds)

Total Offer to Student: *PLEASE NOTE THAT A MATCH OFFER WITH TGS DA*
(Grant or Foundation funded + TGS DA Funded)   *FUNDS HAS A $22K LIMIT TO THE STUDENT.*

Stipend: $ _____   Total # of Credits Covered: _____ credits

Approval by DPD _____

Your signature indicates that you are approving the Total Offer to the Student. This may or may not include Matching Funds from your TGS DA Funds or Foundation Funds.

_____   _____

Manager, Grant Accounting   Date

R. 4/29/22