

APPLICATION FOR GRANT-RELATED GRADUATE ASSISTANTSHIPS

Montclair State University

This form is to be used for Master's level students.

Please complete this application for grant funded Graduate Assistantships. The PI should complete the top portion including job description. 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:

GA Student Name: _____ CWID: _____

In State Tuition Rate: Y/N _____ Out of State Tuition Rate: Y/N _____

Funding Semesters/Year: _____ Fall _____ Spring _____

Grant Funded Stipend: \$ _____ Grant Funded Tuition: \$ _____ Total # of Credits Covered: _____

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

Supervisor Name: _____

Mentor Name: _____

Job Description:

Manager, Grant Accounting

Date