



**APPLICATION FOR GRADUATE STUDY GRANTS
AT OTHER LOCATIONS**

Purpose: Faculty and certain staff exempt personnel in pursuit of graduate study will use this form to apply for Graduate Study Grants at other institutions when they are assigned away from University Park.

Instructions: Submit this form prior to scheduling any course work. Prepare an original and six carbons (for applicants at one of the Commonwealth Campuses, Penn State Erie, Penn State Harrisburg, or the College of Medicine) or five carbons (at other locations). See page 4.38 of the General Forms Usage Guide for further information.

Social Security No. _____ Permanent Payroll Classification _____

Name of Applicant _____ Salary Plan _____

College/Administrative Area/Campus/Continuing Education _____

Location of Main Place of Duty _____

Institution at Which Graduate Study is to be Conducted _____

Degree for Which Applicant Will Enroll _____

Period of Study:

Number of Credits Scheduled During Period of Study _____ from _____ to _____

Estimated Amount of Tuition Charge for Period of Study \$ _____ Amount of Grant Requested (50% of Tuition Charge) \$ _____

APPROVALS

Requested By: I hereby apply for a Graduate Study Grant as indicated above. The information is accurate to the best of my knowledge.

Applicant Date

Recommended By: We believe that the scheduling of courses will not interfere with the efficient operation of the applicant's regular university duties.

Budget Administrator (No Proxies) Date

Budget Executive (No Proxies) Date

Reviewed By: The employee is eligible for this grant per the guidelines specified in Policy HR-65.

Office of Human Resources Date

Approved By: I hereby approve this Graduate Study Grant.

University Officer: Date
Dean, College of Agricultural Sciences (*College of Agriculture employees only*)
Provost/Dean, Penn State Erie, The Behrend College
(Penn State Erie employees only)
Provost/Dean, Penn State Harrisburg (*Penn State Harrisburg employees only*)
Senior Vice President/Dean, The Milton S. Hershey Medical Center
(College of Medicine employees only)
Senior Vice President/Dean, Commonwealth Educational System
(all campus locations)
Vice President for Business and Operations (*all other employees*)

CORPORATE CONTROLLER'S OFFICE - RECORD OF REIMBURSEMENTS

Date	Voucher Number	Post Code	Amount