



University of Massachusetts Lowell

Research Assistant Tuition Contribution Form

Employee Information

Research Assistant Name:

Principal Investigator:

Department:

Length of Contract (check one)

- Academic Year, Fall Semester, Spring Semester

Total Stipend Hours (check one)

- 9 Hours, 18 Hours, Total Stipend Amount \$

Tuition Contribution Information (check one)

- Full RA: Academic Year (\$5,000), One Semester (\$2,500)
Half RA: Academic Year (\$2,500), One Semester (\$1,250)

Tuition Contribution Speed Type: L

Waiver of Tuition Contribution

If you are requesting a waiver of this tuition contribution, please indicate reason in the space provided below.

Acknowledgment of Tuition Contribution Charges

I, as the Principal Investigator, authorize the Office of the Vice Chancellor for Research & Innovation to charge the stated contribution amount to the speed type referenced above.

Principal Investigator Signature (required) Date

Dean/Associate Dean Signature (may be required by college) Date

For VCRI use only:
Dept ID/Fund/Grant #:
Project Title:
Project Period:
Available Balance: