

TUITION & FEES ALLOCATION WORKSHEET

for Sponsored Project Activities

The purpose of this worksheet is to help PIs and Research staff (proposing/undertaking sponsored projects at NAU) determine and document the appropriate source(s) of funding for student tuition and fees. Most specifically, this worksheet is to be used when sponsored projects involve students, but a sponsor may or may not allow tuition and fee expenses as part of the project.

In summary, this worksheet affirms allowability or disallowance by a sponsor and helps the process of securing and documenting eligible sources (within NAU) for the tuition and fee expenses expected to be incurred on sponsored projects.

Please contact your Pre-Award Research Administrator or OSP at 928-523-4880, NAU-OSP@nau.edu for assistance in completing this worksheet, if required.

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:				Cayuse Numbe	er:
onsor:			Unit / Department:		
			Proposal Deadline:		
ect Name:					
tion B: Tuiti	on & Fees				
es the sponso	r allow for stu	ident tuition an	d fees to be cove	red by the proje	ect?
l Yes □	No (Skip to Qu	lestion 2)			
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III. Please insert details of total cost of student fees associated with this request, not covered by a sponsor:

Fee description	Semester (with year)	Dollar Amount per Student	Number of Students	Total Cost per Course
		Total	value (\$) of fees	

2. Please describe the total tuition & fees of this request, not covered by a sponsor and the funding source(s) you have identified to cover the costs.

All alternate funding sources listed here should correspond with a signatory section below.

	Alternate Funding Source A	Alternate Funding Source B	Alternate Funding Source C
Department:			
Department ID:			

	Total Project Cost	Total Requested from Sponsor	Alternate Funding Source A	Alternate Funding Source B	Alternate Funding Source C
Tuition					
Fees					
TOTALS					

Section C: Signatures

Please ensure all required signatures below are completed.

A. Principal Investigator/Project Director:

I certify that the information provided above is accurate to the best of my knowledge and the second	edge.
Name of Principal Investigator/Project Director	
Signature	Date





B. OSP	Representative:	
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I certify that I have reviewed t	he project solicitation and cor	nfirmed that student tuition* is:
\square not allowed by sponsor	☐ limited by sponsor	not restricted by sponsor
Name of OSP Representative		
Signature		Date
* Payment of student fees is not typ	ically an allowable expense on sponso	ored projects.
Funding Source A: Authorize	d Representative	
I certify that I accept financial associated with my department		tuition and fee costs outlined above and
associated with my departmen	it if the project is awarded by	the sponsor.
Name		
Title	Unit,	/Department
Signature		Date
Funding Source B: Authorize	d Ponrocontativo (If applicab	
-		tuition and fee costs outlined above and
associated with my departmen		
Name		
Title	Linit	/Department
Tide	Onit,	n Department
Signature		Date



E. Funding Source C: Authorized Representative (If applicable)

I certify that I accept financial responsibility for the planned tuition and fee costs outlined above and associated with my department if the project is awarded by the sponsor.		
Name		
Title	Unit/Department	
Signature	Date	

Please return the completed form to your OSP PRA representative, for documentation and storage along with other proposal submission materials.