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# *Office of Research and Sponsored Programs*

**INTEROFFICE MEMORANDUM**

**To:** Office of **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting

**From:**

**Re:** Verification of Cost Shared Tuition for Account No.

I certify that the following students, who were paid to work on the project listed above, were enrolled as full-time students at The University of Mississippi. Due to the stipends they received in conjunction with this award, they were entitled to receive additional compensation in the form of graduate tuition remission. As part of our cost-sharing commitment, we have documented the value of the tuition provided for each student.

SEMESTER STUDENT NAME TUITION WAIVER

ENROLLED (In State/Out of State)