

THIS FORM IS DUE ON 10/02/09

AUTUMN 2009/2010

FIRST YEAR STUDENT STANFORD PHYSICS GRADUATE FINANCIAL AID INFORMATION FORM

Name _____ E-Mail _____@STANFORD.EDU

Stanford ID# _____ Phone (a current number is required) _____

I am a U.S. Citizen: YES NO

Check one: ON ROTATION JOINED RESEARCH GROUP OF ADVISOR INDICATED BELOW

I will work in the following department/lab (indicate the dept/lab funding your research assistantship):

PHYSICS APPLIED PHYSICS GINZTON GLAM HEPL SLAC SSRL PULSE SIMES

OTHER(SPECIFY DEPT/LAB) _____

Research ADVISOR _____ Phone _____ Signature _____
PRINT NAME

Advisor's (confirms that PTA indicated below is valid for the RA appointment and/or fellowship supplement)

ADMIN ASSOC _____ Phone _____ Signature _____
PRINT NAME

SECTION A - COMPLETE IF YOU RECEIVE FELLOWSHIP SUPPORT

FELLOWSHIP (CHECK ALL THAT APPLY)	WILL YOUR RESEARCH ADVISOR PROVIDE A FELLOWSHIP SUPPLEMENT? If YES, PROVIDE PTA	PTA Must be verified as current and valid by advisor's admin associate
HERTZ <input type="checkbox"/> NASA <input type="checkbox"/> NDSEG <input type="checkbox"/> NPSC <input type="checkbox"/> NSF <input type="checkbox"/> SGF <input type="checkbox"/> OTHER <input type="checkbox"/> (SPECIFY) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROJECT-TASK-AWARD _____

SECTION B - COMPLETE FOR RESEARCH AND/OR TEACHING ASSISTANTSHIP**

USING VOUCHER? (MAY ONLY BE USED IN AUT, WIN, OR SPR QTRS.)	TEACHING ASSISTANTSHIP Indicate the anticipated TA appointment percentage.	RESEARCH ASSISTANTSHIP Indicate appointment percentage.	RA SALARY PER PAY PERIOD (office use only)	RA TUITION ALLOWANCE PER QUARTER (office use only)	PTA Must be verified as current and valid by advisor's admin associate
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 25% <input type="checkbox"/> 30%	<input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50%	\$ _____	\$ _____	PROJECT-TASK-AWARD _____

**RA/TA assistantship(s) individually or combined cannot exceed 50% during the academic year. Summer quarter assistantship totals will vary.

I have supplied all requested information and signatures and understand that exclusion of signatures and/or required information could result in inaccurate or interrupted payments. If I qualify for the health insurance subsidy, I understand that **FAILURE TO SUBMIT FORM BY THE QUARTERLY DEADLINE MAY RESULT IN LOSS OF HEALTH INSURANCE SUBSIDY.** I acknowledge that I am entering into or continuing an employee/employer relationship with Stanford University and understand that I will spend the above percentage(s) of time in support of the indicated project(s) and that I am required to register for the full number of units this assistantship provides.

Student's Signature _____

Date _____