

THIS FORM IS DUE ON 9/16/11

AUTUMN 2011/2012

CONTINUING 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

Year of study: 2ND 3RD 4TH 5TH or above

Tuition Status: Regular TGR

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

Co-Advisor* _____
PRINT NAME

(*Required for students working with faculty *outside* of PHYSICS / APPLIED PHYSICS / GINZTON / GLAM / HEPL / SLAC / PULSE).

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**

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 PER QUARTER (office use only)	PTA Must be verified as current and valid by advisor's admin associate
<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 _____