STANFORD PHYSICS GRADUATE FINANCIAL AID INFORMATION FORM
SPRING 2015/2016 - FIRST YEAR STUDENT

Name ___________________________ E-Mail ___________________________ @STANFORD.EDU

Stanford ID# ___________________________ Phone (current number required) ___________________________

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 □ KIPAC □ PULSE
- SIMES □ SLAC □ SSRL □ OTHER (SPECIFY DEPT/LAB) ___________________________

SECTION A - COMPLETE IF YOU RECEIVE FELLOWSHIP SUPPORT

FELLOWSHIP (CHECK ALL THAT APPLY)

- DOE SCGF □ HERTZ □ NDSEG □ NSF □ SGF
- OTHER (SPECIFY) ___________________________

WILL YOUR RESEARCH ADVISOR PROVIDE A FELLOWSHIP SUPPLEMENT? If YES, PROVIDE PTA

□ YES □ NO

Fellowship supplement amount/special instructions

PTA FOR FELLOWSHIP SUPPLEMENT

Must be verified as current and valid by advisor's admin associate

PROJECT-TASK-AWARD ___________________________

SECTION B - COMPLETE FOR VOUCHER OR RESEARCH ASSISTANTSHIP

(NON-FELLOWSHIP STUDENTS)

USING 50% RA VOUCHER? (MAY ONLY BE USED IN AUT, WIN, OR SPR QTRS.) □ NO ADVISOR PTA REQUIRED

TEACHING ASSISTANTSHIP (TA)
Indicate the anticipated TA appointment percentage.

□ 25% □ 50%

RESEARCH ASSISTANTSHIP (RA)
Indicate appointment percentage.

□ 25% □ 50%

RA SALARY PER PAY PERIOD (office use only)

$ ____________

RA TUITION ALLOWANCE PER QUARTER (office use only)

$ ____________

PTA FOR RESEARCH ASSISTANTSHIP

Must be verified as current and valid by advisor's admin associate

PROJECT-TASK-AWARD ___________________________

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 ______________