# 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/KIPAC  ☐ SLAC  ☐ SSRL  ☐ PULSE  ☐ SIMES

☐ OTHER (SPECIFY DEPT/LAB): __________________________________________

**Research ADVISOR**

PRINT NAME: __________________________________________

Phone: __________ Signature: __________

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

**ADMIN ASSOC**

PRINT NAME: __________________________________________

Phone: __________ Signature: __________

Co-Advisor*  __________________________________________

PRINT NAME: __________________________________________

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

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## SECTION A - COMPLETE IF YOU RECEIVE FELLOWSHIP SUPPORT

<table>
<thead>
<tr>
<th>FELLOWSHIP (CHECK ALL THAT APPLY)</th>
<th>WILL YOUR RESEARCH ADVISOR PROVIDE A FELLOWSHIP SUPPLEMENT?</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HERTZ ☐ NASA ☐ NDSEG ☐ NPSC ☐ NSF ☐ SGF ☐ OTHER ☐ (SPECIFY) ☐</td>
<td>☐ YES ☐ NO</td>
<td>PROJECT-TASK-AWARD</td>
</tr>
</tbody>
</table>

**PTA**

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

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

### TEACHING ASSISTANTSHIP

**SUMMER TERM TEACHING ASSISTANTSHIP**

APPOINTMENTS ARE EXTREMELY LIMITED. STUDENTS SHOULD MAKE EVERY EffORT TO SECURE A 50% APPT. FOR SUMMER TERM. IF YOU MUST APPLY TO TEACH, DO SO VIA THE PHYSICS DEPARTMENT WEBSITE ON OR BEFORE NOON FRIDAY, MAY 29, 2015.

<table>
<thead>
<tr>
<th>I HAVE APPLIED FOR A:</th>
<th>☐ 25% TA APPT.</th>
<th>☐ 50% TA APPT.</th>
</tr>
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<tr>
<th>RESEARCH ASSISTANTSHIP</th>
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</table>

Indicate appointment percentage.

<table>
<thead>
<tr>
<th>RA SALARY PER PAY PERIOD (office use only)</th>
<th>RA TuITION ALLOWANCE PER QUARTER (office use only)</th>
<th>PTA</th>
</tr>
</thead>
</table>
| ☐ 25%                                     | ☐ 50%                                           | | $ _______ | $ _______ | **PTA**

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

1st yr. grad may work 50% max.

2nd yrs. 75% max.

3rd yrs. and above, 90% max.

**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: ___________________________