

APPLICATION FOR GRADUATE STIPEND

A stipend is awarded for the 12-month period July 1 through June 30. The application should be submitted to the Director of the Biomedical Sciences Graduate Program (Dr. Davis, office E491) by **February 15**.

NAME: _____

DEPARTMENT: _____

MAJOR ADVISOR: _____

CUMULATIVE GPA: _____

ACADEMIC YEAR IN WHICH SUPPORT IS REQUESTED: _____

COURSES AND HOURS, BY SEMESTER, FOR THE ACADEMIC YEAR THAT SUPPORT IS REQUESTED:

SUMMER: _____

FALL: _____

SPRING: _____

EXPECTED GRADUATION DATE: _____

EMPLOYMENT STATUS (see guidelines): _____

STIPEND SUPPORT REQUESTED (see guidelines): _____

AMOUNT OF STIPEND SUPPORT RECEIVED TO DATE: _____

SOURCES AND DATES OF EXTRAMURAL FUNDING

APPLICATION: _____

RESEARCH/SCHOLARLY PRODUCTIVITY: (on a separate page) provide a list of research and scholarly achievements/activities for the past 12 months (e.g., abstracts, papers (submitted or published), fellowship applications submitted, meetings attended, travel awards, community service etc.

I agree to abide by the Guidelines for Graduate Stipends. The information I have given is true and accurate. If determined to be otherwise, I forfeit all current and future stipend support. If my employment status changes, I will inform my advisor.

Signature of Applicant

Date