

## SLAC GRADUATE STUDENT SUPPORT FORM

*Every graduate student working at SLAC (excluding SSRL) must complete the following form. Please print legibly and submit completed form to Judy Meo, SLAC Mail Stop 61 as soon as possible.*

Name: _____	Year of Study: _____
E-Mail: _____	Office Phone: _____
Research Supervisor: _____	Office Rm. No.: _____
SLAC Department/Group: _____	SLAC Department Advisor: _____
Home Department: _____	Home Department Advisor: _____

*Indicate below the type of appointment you will have for each quarter. The assistantship arrangement you indicate must be agreed upon with the Research Faculty of the group with which you will be working. Please remember to submit a relevancy statement signed by your Stanford advisor if the appointment is outside your "home" department (e.g., an EE student receiving a Research Assistantship with SCS (Computing) at SLAC).*

**GRADUATE STUDENTS WITHOUT A FELLOWSHIP**

	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	% Time
Fall Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Winter Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Spring Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Summer Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____

**--OR--**

**GRADUATE STUDENTS WITH A FELLOWSHIP**

Fellowship Name: \_\_\_\_\_

	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	% Time
Fall Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Winter Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Spring Quarter 2003-2004	<input type="checkbox"/> RA/TA	<input type="checkbox"/> RA	_____
Summer Quarter 2003-2004	<input type="checkbox"/> RA Supplement		_____

Department from which stipend will be paid (e.g., Group EB): \_\_\_\_\_

Account Number: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

Signature of Advisor (Must be a Faculty Member): \_\_\_\_\_

***TO BE COMPLETED BY GRADUATE STUDENT***

In accordance with Stanford GFS Policy (24.2, Section D), I \_\_\_\_\_, acknowledge that each quarter, I must register and enroll for the exact number of units of my RA Appointment.

Student Signature: \_\_\_\_\_

For Graduate Office Use Only	
Amount Per Month	
RA Salary	_____
Tuition Amount	_____