



Graduate Student Funding

Original Request Revision

FOR: Academic Year - Semester Yr Summer Yr

Advisor/P.I.

(Non-faculty P.I. - provide phone ext. and email: )

STUDENT NAME

Degree (MS or PhD) Level (I, II or III) Total Stipend (required) = \$

Research Asst. Teaching Asst. R.A. & T.A. UTC Fellowship Other award

Full Time (20 hrs) Half Time (10 hrs)

Summer: Full (40 hrs) Half (20 Hrs) Indicate summer total pay amt = \$

Dates (if not 5/23-8/22): -

FUNDING SOURCE(s):

1. Project Title

Project No. FRS #

% For summer - indicate pay amt. \$

2. Project Title

Project No. FRS #

% For summer - indicate pay amt. \$

3. Project Title

Project No. FRS#

% For summer - indicate pay amt. \$

Please check here if comments are written on back.

Advisor Signature Date

P.I. Signature Date

Financial Auth. Date

For Office Use Only:

Offer Letter Pay Auth