

# Connecticut Transportation Institute

## Summer Graduate Student Funding

Original Request

Revision

**For:** Summer – May 23 through August 22

**Advisor:**

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**Student Name:**

**Date of Appointment from**

**to**

**Stipend:**

**# of Hours/Week:**

**Describe Responsibilities:**

**Will student be a GA next fall?**

**Yes**

**No**

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### Funding Sources

**1. Project Title:**

**KFS #:**

**%**

**2. Project Title:**

**KFS #:**

**%**

**3. Project Title:**

**KFS #:**

**%**

**Comments:**

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**Major Advisor Signature:**

**Date:**