

FINANCIAL SUPPORT FORM for CONTINUING STUDENTS

Academic year: _____

This form is initiated by the Graduate Coordinator/Chair for students continuing their graduate program beyond one year. It should be submitted to the Faculty of Graduate Studies. **One form per student ANY additions to the form must be made on the same original form.**

STUDENT INFORMATION:

Name:		Program:	
Local Address:		Student Number:	
Phone:	Email Address:		
PROGRAM YEAR: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		DOMESTIC <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/>	

GRADUATE ASSISTANTSHIP:

Fall/Winter Fall Winter Amount \$ _____ Position ID (for HR Use) _____

SCHOLARSHIPS, BURSARIES & AWARDS: (shaded areas to be completed by Graduate Studies Office)

Name of Award:	Amount:	Date Awarded:	Award Code:
Breakdown of Payments / per Term	May – Aug <input type="checkbox"/>	Sept – Dec <input type="checkbox"/>	Jan – Apr <input type="checkbox"/>
Name of Award:	Amount:	Date Awarded:	Award Code:
Breakdown of Payments / per Term	May – Aug <input type="checkbox"/>	Sept – Dec <input type="checkbox"/>	Jan – Apr <input type="checkbox"/>
Name of Award:	Amount:	Date Awarded:	Award Code:
Breakdown of Payments / per Term	May – Aug <input type="checkbox"/>	Sept – Dec <input type="checkbox"/>	Jan – Apr <input type="checkbox"/>

FACULTY RESEARCH AWARD (to be completed by the Grant Holder):

NOTE – End date not to exceed August 31st of relevant academic school year

Name of Grant Holder:		Amount:	
Budget Code:	Source of Funding:	Start Date:	End Date:
Signature of Grant Holder & Date:	Second Signature (if required) & Date		
Breakdown of Payments / per Term	May – Aug <input type="checkbox"/>	Sept – Dec <input type="checkbox"/>	Jan – Apr <input type="checkbox"/>
For Funds Added at a Later Date:			
Amount: _____		Initials: _____	Date: _____
Date to be paid out: _____			
<p><i>I have signed a contract with an external funder other than the Tri-Council (please check appropriate box):</i> <input checked="" type="radio"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, check here to signify that you have communicated to the student the terms of the contract that relate specifically to the student, and that the student has agreed to those terms:</i> <input checked="" type="radio"/> YES</p>			

Graduate Coordinator Date

Graduate Funding Officer Date

Office of Financial Services Date

Human Resource Officer Date