Lakehead University, Office of Graduate Studies

FUNDING RECOMMENDATION

Academic Year: FALL 2023

This form is initiated by the Graduate Coordinator/Chair. Once completed should be submitted to the Faculty of Graduate Studies. **One form per student ANY additions to the form must be made on the same form.**

Name:	Program:
Masters ☐	Student Number:
Doctoral ☐	Email Address:
Program Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐	DOMESTIC ☐ INTERNATIONAL ☐

GRADUATE ASSISTANTSHIP:

Fall/Winter ☐ Fall ☐ Winter ☐ Amount $ _____

Please note that GA payments have mandatory statutory/benefit costs/union dues deducted

For HR Use Only

International PhD Budget Code (if applicable):

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	Sept – Dec 2023	Jan – Apr 2024	May – Apr 2024
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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 $	For Funds Added at a Later Date: Amount: _____ Initials: _____ Date: _____	
Budget Code	Source of Funding	Start Date of Payment	Last Date of Payment
Signature of Grant Holder & Date	Second Signature (if required) & Date		
Breakdown of Payments / per Term	Sept – Dec 2023	Jan – Apr 2024	May – Apr 2024

I have signed a contract with an external funder other than the Tri-Council (please check appropriate box):

YES ☐ NO ☐

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:

YES ☐

_____
Graduate Coordinator Date

_____
Graduate Funding Officer Date

_____
Office of Financial Services Date
(*Only required if there are deductions)

_____
Human Resources Officer Date

For Office Use Only