

Lakehead University, Office of Graduate Studies

FUNDING RECOMMENDATION

Academic Year: WINTER 2025

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 Campus: TB OR	DOMESTIC INTERNATIONAL

GRADUATE ASSISTANTSHIP:

Fall/Winter	Fall	Winter	Amount \$	Position ID (for HR Use)
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International PhD Budget Code (if applicable):
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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	Jan - Apr 2025	May - Aug 2025	Sept - Dec 2025
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Breakdown of Payments / per Term	Jan - Apr 2025	May - Aug 2025	Sept - Dec 2025
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Breakdown of Payments / per Term	Jan - Apr 2025	May - Aug 2025	Sept - Dec 2025

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	Jan - Apr 2025	May - Aug 2025	Sept - Dec 2025
<p><i>I have signed a contract with an external funder other than the Tri-Council (please check appropriate box):</i> YES 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> YES</p>			

Graduate Coordinator Date

Graduate Funding Officer Date

Office of Financial Services Date

Human Resources Officer Date

For Office Use Only
