



FUNDING

Full Name											
Student ID	2	0			-			-			
Program	<input type="checkbox"/> COMPUTER SCIENCE <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> COMPUTER ENGINEERING <input type="checkbox"/> MATHEMATICS <input type="checkbox"/> ECONOMICS										
Current Status	<input type="checkbox"/> MS STUDENT <input type="checkbox"/> MS LEADING TO PHD STUDENT <input type="checkbox"/> PHD STUDENT <input type="checkbox"/> PHD CANDIDATE <input type="checkbox"/> TGS/ABD (ALL BUT DISSERTATION)										

START DATE

		/			/		
D	D	/	M	M	/	Y	Y

END DATE

		/			/		
D	D	/	M	M	/	Y	Y

FUNDING OPTIONS

Source of Funding	<input type="checkbox"/> SELF-FINANCED	<input type="checkbox"/> DEPARTMENTAL RESEARCH ASSISTANTSHIP	<input type="checkbox"/> MERIT SCHOLARSHIPS
	<input type="checkbox"/> NEED BASED FINANCIAL AID	<input type="checkbox"/> EXTERNALLY FUNDED RESEARCH ASSISTANTSHIP	<input type="checkbox"/> DRC-FUNDED RESEARCH ASSISTANTSHIP
	<input type="checkbox"/> DEPARTMENTAL FELLOWSHIP	<input type="checkbox"/> GRADUATE TEACHING ASSISTANTSHIP	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> TUITION FEE WAIVER <input type="checkbox"/> FULL FEE WAIVER <input type="checkbox"/> CREDITS WAIVER			[COURSE CREDITS _____ RESEARCH CREDITS _____]
STIPEND/MONTH _____			

Details:

Signature of Student

Name of Faculty Sponsor/Advisor

Signature

For office use only

Date received by Graduate Program Director	Date of Approval by Graduate Program Committee
Signature of Graduate Program Director	