**College of Engineering Student Financial Assistance Request**

Submit this form with the latest transcript to the Office of the Associate Dean for Graduate Education

Tiffany Porties, stonestr@umich.edu, 734.647.0599

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| **Student** |  |
| **Department** | **Last Name** | **First Name** | **UMID** | **Uniqname** | **Citizenship****(US Citz; Perm Res.; Intl)** |
|  |  |  |  |  |  |
| **Advisor** |  |
| **Date of Request****(MMDDYYYY)** | **Last Name** | **First Name** | **Term student entered PhD program** | **Date of Last Evaluation** | **Is the progress satis-factory?****(Yes/No)** | **Pre-candidate or Candidate****(P or C)** | **Prior Internship(s) Yes/No (If yes, how many?)** |
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| **Administrative Contact/Graduate Coordinator or Research Administrator** |  |
| **Full Name** | **Email** | **Telephone** | **Reviewed Request (Yes/No)** |
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**Department Approval (i.e. Dept Chair, Graduate Chair and/or Graduate Committee)**

**This request has been reviewed and approved by the Graduate Chair and/or Graduate Committee**

(Note: they should also send or be cced on the funding request email)

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| **Graduate Chair and/or Graduate Committee Approver** | **Date (MMDDYYYY)** |
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| **Department Support** | *Please provide details of the support that the department will be providing, such as a split of the current term funding and/or GSI support for another term.* |
| **Academic Term** | **Tuition** | **Stipend/Salary** | **Fringe Benefits** | **Total** | **Shortcode** |
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| **Advisor Support** | *Please provide details of the support if the faculty advisor will be providing a split of the current term funding. Future funding should be detailed in the Completion Plan.* |
| **Academic Term** | **Tuition** | **Stipend/Salary** | **Fringe Benefits** | **Total** | **Shortcode** |
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| **Requested Support** | *Support requests will be seen by both CoE and Rackham. To request support for more than one term, please add an additional row below.* |
| **Academic Term** | **Tuition** | **Stipend/Salary** | **Fringe Benefits** | **Total** | **Shortcode** **(Provide a 10000 fund account #)** |
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**Brief description of why support is needed and what support is required.** *(For internships, please note “Internship, Company Name” including any prior internships)*

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**Completion Plan:** Description of what remains to be done for the student to complete the degree, time to complete degree, and funding plan through completion.

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**Department and Advisor Funding:** Briefly describe department and/or faculty advisor cost-share support for this request.

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| **Approval/Funding (Graduate Education)** |
|  | **Tuition** | **Salary**  | **Fringe Benefits** | **Total** | **Date** |
| **Advisor/Dept** |  |  |  |  |  |
| **CoE** |  |  |  |  |  |
| **Rackham** |  |  |  |  |  |
| **Total Funded** |  |  |  |  |  |