**College of Engineering Student Financial Assistance Request**

Submit 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)** | |
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| **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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**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** |  |  |  |  |  |