DEPARTMENT OF APPLIED PHYSICS
INFORMATION FOR RESEARCH ASSISTANTSHIPS 2011-12
COMPLETE FORM IN BLACK OR BLUE INK, NO RED INK NOR PENCIL

LAST NAME: ___________________ FIRST NAME: ________________ DATE________________________

STUDENT ID #_________________________ E-MAIL ADDRESS______________________________

LOCAL ADDRESS(HOME)________________________ LOCAL HOME PHONE_______________________

________________________________________ OFFICE or LAB ROOM&PHONE____________________

RESEARCH SUPERVISOR_____________________

REQUIRED INFORMATION: CITIZENSHIP: ___________ IF APPLICABLE: Visa/Expiration Date ________________

ASSISTANTSHIP ARRANGEMENT AGREED UPON WITH RESEARCH ADVISOR

<table>
<thead>
<tr>
<th>% of Time</th>
<th>Monthly Salary</th>
<th>Semi-Monthly Salary(per pay period)</th>
<th># of Units, or TGR (if certified)</th>
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<tbody>
<tr>
<td>Winter 2011-12</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
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<tr>
<td>Spring 2011-12</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
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REQUIRED ACCOUNT INFORMATION and REQUIRED SIGNATURES

1) Sponsoring/Paying Department that controls the account: __________________________

2) Source of Funding (e.g. sponsoring agency): __________________________

3) PTA Number (valid for length of appointment above): __________________________

***Research Assistant Statement: I have supplied all requested information/signatures and understand that exclusion of any of the above could result in inaccurate or interrupted payments. If I qualify for the health insurance subsidy, I am aware that failure to submit this completed form by the quarterly deadline may result in loss of the subsidy. I acknowledge that I am entering into an employee/employer relationship with Stanford University. I understand my obligation to spend the above percentage of time in support of the indicated project(s) and that I am required to register for the full # of units this assistantship provides.***

________________________________________________________________________
Signature of Research Assistant Date

________________________________________________________________________
Signature of Research Advisor Date Signature of Financial Associate Phone & Date (to verify the PTA# is correct)

RETURN COMPLETED FORM NO LATER THAN DECEMBER 16, 2011 to: 4090/Applied Physics, Attn. P. Perron

of Applied Physics Approval: __________________________ Date

Paula P. Perron Date