

**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**

	%-time	Monthly Salary	Semi-Monthly Salary(per pay period)	# of Units, or TGR (if certified)
Winter 2011-12	_____	_____	_____	_____
Spring 2011-12	_____	_____	_____	_____

**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: \_\_\_\_\_  
Paula P. Perron    Date