

THIS FORM IS DUE ON 3/15/12

SPRING 2011/2012

**FIRST YEAR STUDENT  
STANFORD PHYSICS GRADUATE FINANCIAL AID INFORMATION FORM**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_ @STANFORD.EDU

Stanford ID# \_\_\_\_\_ Phone (a current number is required) \_\_\_\_\_

I am a U.S. Citizen:  YES  NO

**Check one:**  ON ROTATION  JOINED RESEARCH GROUP OF ADVISOR INDICATED BELOW

I will work in the following department/lab (indicate the dept/lab **funding** your research assistantship):

PHYSICS  APPLIED PHYSICS  GINZTON  GLAM  HEPL/KIPAC  PULSE  SIMES  SLAC

OTHER(SPECIFY DEPT/LAB) \_\_\_\_\_

Research ADVISOR \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_  
PRINT NAME

Advisor's (confirms that PTA indicated below is valid for the RA appointment and/or fellowship supplement)

ADMIN ASSOC \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_  
PRINT NAME

**SECTION A - COMPLETE IF YOU RECEIVE FELLOWSHIP SUPPORT**

| FELLOWSHIP<br>(CHECK ALL THAT APPLY)  | WILL YOUR RESEARCH ADVISOR<br>PROVIDE A FELLOWSHIP<br>SUPPLEMENT?<br>IF YES, PROVIDE PTA | PTA<br>Must be verified as current and<br>valid by advisor's admin associate |
|---|--|--|
| HERTZ <input type="checkbox"/> NASA <input type="checkbox"/> NDSEG <input type="checkbox"/> NPSC <input type="checkbox"/> NSF <input type="checkbox"/> SGF <input type="checkbox"/><br>OTHER <input type="checkbox"/> (SPECIFY) _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO                                 | PROJECT-TASK-AWARD<br>_____  |

**SECTION B - COMPLETE FOR RESEARCH AND/OR TEACHING ASSISTANTSHIP\*\***

| USING VOUCHER?<br>(MAY ONLY BE USED<br>IN AUT, WIN, OR SPR<br>QTRS.) | TEACHING<br>ASSISTANTSHIP<br>Indicate the <b>anticipated</b> TA<br>appointment percentage. | RESEARCH<br>ASSISTANTSHIP<br>Indicate appointment<br>percentage.                             | RA SALARY<br>PER PAY<br>PERIOD<br>(office use only) | RA TUITION<br>ALLOWANCE<br>PER QUARTER<br>(office use only) | PTA<br>Must be verified as current<br>and valid by advisor's admin<br>associate |
|--|--|--|---|---|---|
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO          | <input type="checkbox"/> 25%<br><input type="checkbox"/> 30%                               | <input type="checkbox"/> 20%<br><input type="checkbox"/> 25%<br><input type="checkbox"/> 50% | \$ _____  | \$ _____  | PROJECT-TASK-AWARD<br>_____   |

\*\*RA/TA assistantship(s) individually or combined cannot exceed 50% during the academic year. Summer quarter assistantship totals will vary.

I have supplied all requested information and signatures and understand that exclusion of signatures and/or required information could result in inaccurate or interrupted payments. If I qualify for the health insurance subsidy, I understand that **FAILURE TO SUBMIT FORM BY THE QUARTERLY DEADLINE MAY RESULT IN LOSS OF HEALTH INSURANCE SUBSIDY.** I acknowledge that I am entering into or continuing an employee/employer relationship with Stanford University and understand that I will spend the above percentage(s) of time in support of the indicated project(s) and that I am required to register for the full number of units this assistantship provides.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_