

Semel Institute Office of Education

ACADEMIC TRAINEE OFFICE GRADUATE STUDENT APPOINTMENT FORM

Trainee's name _____ Degree _____ SSN _____
Address _____ Phone _____
_____ E-mail _____
If a foreign national indicate current visa type: _____ Birthdate _____ Gender _____
Registered as a California resident? ☐ YES ☐ NO Home department _____

Please complete appointment information for all applicable titles.

Depart Administrator Name: _____

Graduate Student Researcher (GSR 3276) Step: _____

LIST FUNDING SOURCE (S):

_____	THROUGH	_____	_____	_____	_____	_____
BEGIN DATE	END DATE	% OF TIME	FUND MGR NAME	APPROVAL		
_____	THROUGH	_____	_____	_____	_____	_____
BEGIN DATE	END DATE	% OF TIME	FUND MGR NAME	APPROVAL		
_____	THROUGH	_____	_____	_____	_____	_____
BEGIN DATE	END DATE	% OF TIME	FUND MGR NAME	APPROVAL		

FEE BALANCE: ____ YES ____ NO

If yes, please provide unrestricted source linked to a 78 pre-fix. Total Balance: _____

FAU: _____ **Fund Name:** _____

Fund Manager Name: _____ **Fund Manager Approval** _____

Fee Remission I,II, and health insurance are mandatory if appointed at 25% or above. In addition, if GSR is appointed at 45% FAU will be hit with non-resident tuition

Depart Administrator Name: _____

Predoctoral Fellow

Begin Date: _____ **End Date:** _____

FAU _____ **(Note: All stipend FAUs must be linked to 78 account prefix)**

Monthly Stipend Amount: \$ _____ **Total Awarded Fee Amount: \$** _____

Full Name of Fund: _____ **Academic Year:** _____

FEES: Indicate Allocation Per QTR F _____ W _____ S _____

Fund Name _____ **Fund Manager** _____ **Fund Manager Signature** _____

Please provide below an unrestricted funding source, if fee awarded amount is insufficient to cover the entire cost.

FAU: _____ **Fund Name:** _____ **Total**
Fund Manger Name: _____ **Fund MGR Approval** _____ **Balance:** _____

Please ensure that the following are attached: ☐ Curriculum Vitae ☐ Statement of Objective

Required for all NIH Training Grant trainees: ☐ NIH Appointment Form ☐ Pay Back Agreement

Faculty Mentor : _____ **APPROVAL**
Name _____ **Signature** _____ **Date** _____
PRINCIPAL INVESTIGATOR _____