

# 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)** Salary point: \_\_\_\_\_

**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

**GSR Fellow**

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

FAU \_\_\_\_\_ (Note: All stipend FAUs must be linked to 78 account prefix)

**Salary Point** \_\_\_\_\_ **Monthly Stipend Amount: \$** \_\_\_\_\_ **Total Awarded Fee Amount: \$** \_\_\_\_\_

**% of time** \_\_\_\_\_ **Full Name of Fund:** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

**FEES: Indicate Allocation Per QTR** F \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_

**Fund Name** \_\_\_\_\_ **Fund Manager** \_\_\_\_\_ **Fund Manager** \_\_\_\_\_

**GSR Fellow supplement request**

**FAU:** \_\_\_\_\_ **Fund Name:** \_\_\_\_\_ **Monthly amount:** \_\_\_\_\_

**Fund Manger Name:** \_\_\_\_\_ **Fund MGR Approval** \_\_\_\_\_ **% effort** \_\_\_\_\_

**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 \_\_\_\_\_