

**DEPARTMENT OF APPLIED PHYSICS
FINANCIAL AID INFORMATION FORM 2022-23**

LAST NAME: _____ FIRST NAME: _____ DATE: _____

STUDENT ID #: _____ EMAIL ADDRESS: _____@STANFORD.EDU

RESEARCH ADVISOR NAME: _____ RESEARCH ADVISOR ADMIN NAME: _____

CITIZENSHIP: _____ IF APPLICABLE (VISA TYPE): _____ CURRENT YEAR OF STUDY: _____

I AM ON A FELLOWSHIP (PLEASE SPECIFY TYPE): _____ END DATE: _____

ASSISTANTSHIP ARRANGEMENT AGREED UPON WITH RESEARCH ADVISOR

	% of Time	RA Salary (per pay period)	RA Tuition Allowance (per quarter)	# of Units: FULL TIME: 8-10 TGR: 0-3 (MUST ENROLL IN APPPHYS 802)
Autumn 2022-23	_____	_____	_____	_____
Winter 2022-23	_____	_____	_____	_____
Spring 2022-23	_____	_____	_____	_____
Summer 2022-23	_____	_____	_____	_____

THIS INFORMATION IS FILLED IN BY THE PI DEPARTMENT

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 will 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
(to verify the PTA# is correct)

Date

Department of Applied Physics Approval: _____
Department Manager

Date