

GRADUATE STUDENT STIPEND FORM

Student's Name: _____ S.I.N. _____

Local Address: _____

Please have your Supervisor complete this section:

I would like for my graduate student, _____ to be paid on a monthly basis from account _____.

This directed pay is authorized for the following period _____ to _____.

(The specified period is usually for 24 months.) A student's stipend that is payable from a faculty member's research program is contingent upon the student maintaining satisfactory academic progress and making satisfactory progress in the thesis research requirement. It is also contingent upon the student maintaining full-time academic status. The supervisor may give notice and subsequently stop stipend payments for a number of reasons with the most common being if the student withdraws or is withdrawn from the program, changes supervisors, terminates supervision (Section 30 of the Graduate Program Procedures Manual), switches to part-time status, or receives another major scholarship (e.g. NSERC PGS or IPS, GRTI, etc.). The supervisor may also stop payments if the student is absent from the program for an extended unauthorized leave, or during a student's Parental Leave, Leave of Absence or Suspension of Study, or for reasons cited in the Graduate Program Procedures Manual under section 29.2.

Note:

- a 24-month stipend is the minimum commitment of support and this duration of support is appropriate for research projects that can be completed within 20 months of the student's initial registration.
- if the research is expected to continue beyond the student's 20th month of study (i.e., if two field seasons necessitate data collection until the student's 24th month), the supervisor must provide funding support for four months beyond the end date of data collection.

Check the appropriate box below:

- ☐ Thesis research is expected to be complete within the student's 20th month of initial registration.
- ☐ The thesis research is expected to continue beyond the student's 20th month of initial registration and thus _____ months of stipend support is committed.

Rate of stipend \$ _____

Supervisor signature _____ Date _____

Student signature _____ Date _____

Please return this completed form to the Research & Graduate Studies Office