Biomedical Graduate Studies
Emergency Financial Aid Committee
Request Form

Student for whom support is sought: _____

Graduate Group: _____

Requestor/Thesis Advisor: _____

Type of support required: *

Category (check all that apply)	Total Dollar Amount	Specific Time Period	
☐ Dissertation	$_____	from _____	to _____
☐ Course Tuition	$_____	from _____	to _____
☐ General Fee	$_____	from _____	to _____
☐ Health Insurance	$_____	from _____	to _____
☐ Disability Fee	$_____	from _____	to _____
☐ Stipend	$_____	from _____	to _____
☐ Stipend Supplement	$_____	from _____	to _____
☐ Tuition	$_____	from _____	to _____

TOTAL REQUESTED: $_____

Source of student's previous Financial Aid:
1. Primary: _____
2. Secondary: _____
3. Other: _____

Please indicate whether student has:

Taken Preliminary Examination? _____ (date)

Co-authored publications? _____ (citation)

Made oral presentations?_____ (audience)

Student's expected graduation date? _____

Please provide information regarding the active and pending grants of the thesis advisor on the attached sheet.

_____   _____
Signature of Thesis Advisor   Signature of Student's Graduate
                                     Group Chairperson

Date of request: _____

* Please refer to the "Graduate Tuition and Fees Schedule" attached for actual dollar amounts for stipend, tuition, and fees.

<u>Note</u>: Emergency Financial Aid Committee functions on a July 1 to June 30 fiscal year. No financial commitments will be considered or extended beyond the end of a fiscal year.

Please provide the following information regarding your active grants:

Topic   _____ _____ _____

Granting agency   _____ _____ _____

Annual amount   _____ _____ _____

Total direct costs   _____ _____ _____

Expiration date   _____ _____ _____

If you have grants pending review and approval, please provide information below:

Topic   _____ _____ _____

Granting agency   _____ _____ _____

Annual amount   _____ _____ _____

Total direct costs   _____ _____ _____

Pending date   _____ _____ _____

If you are currently supporting other pre-doctoral students, please provide information below:

Name of student   _____ _____ _____

Source of support   _____ _____ _____

Total amount   _____ _____ _____

Funding period   _____ _____ _____

List all other funding sources that you have exhausted in order to support this student (i.e. departmental funds, training grant positions, pre-doctoral fellowship applications). Please include copy of letter responding to your request with this application.

_____

_____

Please provide justification for this request.

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