

Assistantship & Fellowship Recommendation Form

Student's Name: _____ Gwid Number: _____ AY: 20 ____ - ____

Department/Program: _____ Degree: _____

Country of Citizenship: _____ If International, Visa Type: _____ TOEFL/IELTS/Pearson's Score: _____

New Admit? Yes **-OR-** Current Student: New Award Renewal (600-p; 100 i-b/7.0 overall/68)

Please Select One: Full Academic Year Full Calendar Year Other
 Fall Only Spring Only Summer Only

Please Select One: Full-time Study Required? (Minimum of 9 credit hours per Semester) Yes No

Please Select One: Non-Renewable Renewable for: _____ additional years No Mention

Please Select One Assistantship or Fellowship:

Check Award Type(s): Graduate Assistantship (GA) (Up to 20 hrs. per week) Graduate Research Assistantship (GRA) (20 hrs. per week required) Fellowship

If GRAship, Faculty Supervisor: _____

Formal name, if applicable: _____

Note: If support package/award is classified as a fellowship only, and includes a stipend, the Payment Characterization Check list **MUST** be completed, signed, and attached to this form.

Funding Source:

A. Payment involving services (assistantship): \$ _____ Start Date: _____ End Date: _____

Duties: _____ **Estimated hours per week:** _____

B. Stipend (living allowance) (fellowship): \$ _____ Start Date: _____ End Date: _____

If stipend without salary, Payment Characterization Check list **MUST** be attached.

C. Tuition Award (fellowship): Credit Hours: _____ **-OR-** Dollar amount: \$ _____

D. Tuition Award (fellowship): Credit Hours: _____ **-OR-** Dollar amount: \$ _____

If, second source

Note: Tuition and/or stipend awards, alone or in combination, may **NOT** be awarded in exchange for work.

Funding Sources: School GSS; R Fund; Endowment; GSAF; Sponsored Project

If Sponsored Project _____ * Full F&A recovery? Yes No
(Banner Index)

* For GRAs on sponsored projects, GSAF will provide 66.67% of tuition if the sponsored project has full F&A recovery. This applies only to projects in CPS, CCAS, ESIA, GSEHD, SB and SEAS at Foggy Bottom and VSTC campuses.

Initiator: _____ Date: _____ Signature: _____

Dept. Chair Approval: _____ Date: _____ Signature: _____

SFC Approval: _____ Date: _____ Signature: _____
(School Fellowship Coordinator)

Research Approval: _____ Date: _____ Signature: _____
(For sponsored projects only)

GSAF Approval: _____ Date: _____ Signature: _____
(If GSAF or Endowment-funded)