

THE SAN FRANCISCO STATE UNIVERSITY NON-SFSU STIPEND APPOINTMENT FORM

I. PARTICIPANT'S NAME: _____
Last, First, Middle Initial (Please Print)

ADDRESS: _____
Street Address City State Zip

TEL # / EMAIL: _____

SOCIAL SECURITY NO. : _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

ORSP APPROVAL

BY: _____

DATE: _____

ACCOUNTS PAYABLE PROCESSING

BY: _____

DATE: _____

DUE DATE: _____

CHECK #: _____

CHECK PICK-UP
PLEASE CONTACT

II. STATEMENT OF PROJECT DIRECTOR:

ACCT: _____ FUND: _____ DEPT: _____ PROJ: _____

Funding is from NSF. Is it to support research training?	Yes	No
Funding is from NIH. Is it to support research training?	Yes	No
Funding is from USDA-NIFA.	Yes	No

If Yes, the student/trainee must take the Responsible Conduct for Research training (complete also RCR form).

Will the Participant be required to perform services for this financial support? Yes No

If Yes, briefly describe services: _____

Does the activity relate to the Participant's educational goals? Yes No

If Yes, briefly describe the relationship: _____

PERIOD OF AWARD: _____ to _____
Mo. Yr. Mo. Yr.

GRAND TOTAL, STIPEND AWARD: \$ _____

AMOUNT OF EACH PAYMENT: \$ _____

This Participant is qualified to receive the financial support and will receive educational benefits from this activity. The amount of the award as stated herein conforms with sponsor guidelines and project budget.

PROJECT DIRECTOR NAME: _____

SIGNATURE: _____ DATE: _____

III. TO BE COMPLETED BY PROJECT DIRECTOR

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____