

THE SAN FRANCISCO STATE UNIVERSITY STUDENT STIPEND APPOINTMENT FORM

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

ADDRESS: _____
Street Address City State Zip

SF STATE ID #: _____

TEL # / EMAIL: _____

ORSP APPROVAL

BY: _____

DATE: _____

II. STATEMENT OF PARTICIPANT:

US Citizen / Permanent Resident: Yes No

Currently Enrolled: Yes No

I certify that I am aware this award may impose restrictions on my receipt of other financial benefit from University or US Government funds, and I will immediately notify the Project Director of any change in the information stated herein.

I understand that it is my responsibility to contact the Financial Aid Office if I have questions about how this will impact my financial aid package.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

ACCOUNTS PAYABLE PROCESSING

Voucher #: _____

CHECK DATE: _____

CHECK #: _____

MAIL or EFT: _____

UNIVERSITY TAX SERVICES

Federal: _____ State: _____

1042-S: _____ 1098-T: _____

1099-MISC: _____

Letter: _____

By: _____ Date: _____

III. STATEMENT OF PROJECT DIRECTOR:

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

Funding is from NSF.	NSF: Is it to support research training?	Yes	No
Funding is from NIH.	NIH: Is it to support research training?	Yes	No
Funding is from USDA-NIFA.			
Not Applicable / Other Agency			

If Yes, the student/trainee must take the Responsible Conduct for Research training (complete also RCR form):
https://research.sfsu.edu/manage_award/compliance/rcr

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

If Yes, briefly describe services: _____

IV. 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. _____

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

GRAND TOTAL, STIPEND AWARD: \$ _____

AMOUNT OF EACH PAYMENT: \$ _____

This Participant is qualified for the proposed training, is eligible to receive the financial support, and the amount of the award as stated herein conforms with sponsor guidelines. I shall forward to the University any information which might affect continued eligibility for this support, as well as copies of any relevant documents required by the project sponsor. I shall also inform the SFSU Financial Aid Office of this appointment.

PROJECT DIRECTOR NAME: _____

SIGNATURE: _____ DATE: _____

SF STATE FINANCIAL AID OFFICE: _____ DATE: _____