

**Penn GSE Research Fellow/Assistant Appointment Form**

**A. Student Information**

Full Name (Print or Type): \_\_\_\_\_  Ph.D.  
LAST 4 DIGITS ONLY OF SS#: \_\_\_\_\_  Ed.D.  
\_\_\_\_\_ Masters

**B. Funding Information**

Funding Source: \_\_\_\_\_  
Apprenticeship \_\_\_\_\_  
Supervisor/PI: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

**C. Stipend – Duration of Appointment**

Academic Year 20\_\_ - 20\_\_ Sept. – May  
 Fall only 20\_\_  
 Spring only 20\_\_  
 Summer I only 20\_\_ \_\_\_\_\_ weeks Start Date \_\_/\_\_/\_\_ End Date \_\_/\_\_/\_\_  
 Summer II only 20\_\_ \_\_\_\_\_ weeks Start Date \_\_/\_\_/\_\_ End Date \_\_/\_\_/\_\_  
 Other 20\_\_ \_\_\_\_\_ weeks Start Date \_\_/\_\_/\_\_ End Date \_\_/\_\_/\_\_  
Number of hours per week (not to exceed an average of 20 per week) \_\_\_\_\_

**D. Tuition & Fee Coverage**

Tuition Yes  No   
Full  Partial  # of C.U. \_\_\_\_ Amount \$ \_\_\_\_\_  
General Fee Yes  No  (No matching from Provost)  
Clinical Fee Yes  No  (Required for fully funded Ph.D. students)  
PSIP (Health Ins.) Yes  No  (Required for fully funded Ph.D. students)

*\*If on sponsored project funding, the amount of tuition remission must be proportional to the level of effort charged to the sponsored project (e.g., 20 hours per week = up to 100% tuition remission, 10 hours per week = up to 50% tuition remission)*

**E. Description of Duties – Please provide a brief description of the student’s duties**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chair/PI signature: \_\_\_\_\_ Date : \_\_\_\_\_

**For Official Use only:**  
COA Number (to be filled out by the Business Mgr.): \_\_\_\_\_  
Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Original: Business Office  
Copy: 1. Apprenticeship Supervisor/PI 2. Business Manager 3. Grant File