

ABE Graduate Student Funding Checklist

Name: _____

UFID: _____

Advisor: _____

Funding Start Date: _____

Funding End Date: _____

Degree Type (MS-2years or PhD-4 years): _____

This student is Self-Funded: _____

Funding Sources (Specific account numbers required)

Grad School Fellowship: _____

Dean's Match: _____

Grinter: _____

Government: _____

OPS: _____

Other (ex: Grant funds):

Total:

Stipend (funding sources must sum to stipend):

Tuition Waiver

Full: _____

Proportion: _____

One Semester: _____

Advisor Signature: _____ Date _____

I understand that graduate assistantships to provide an in-state rate and health insurance require 9 hours of registration in the Fall and Spring and 6 hours in the Summer. I understand that I must pay the cost for out of state tuition if my student registers for fewer credits.

Funding information reviewed and confirmed _____

Chair Signature (no stamps): _____

Return form to HR Specialist: Haley Tsai (haley.tsai@ufl.edu)