

**2009-10 PREDOCTORAL TRAINEESHIP FORM (for T32)**

**Use this form for PHS/NIH Traineeships only**

Mail forms to your department's Graduate Fellowship Contact in OGS, M/C 0003.

**Trainee:** \_\_\_\_\_ **Funding Dept** \_\_\_\_\_  
 (Last name) (First name) (Middle Initial)

**PID #** \_\_\_\_\_ **Major Dept (if different)** \_\_\_\_\_

**Student is:** New  or Continuing  **AND** Cal. Resident  or Nonresident

**Award is:** New  Renewal  Revised

STIPEND	Begin Date	End Date	Monthly Pymt.	Total	check if New Index*	Index/Org./Fund
SAM detail Code OGS use only	_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	_____

SAM detail Code OGS use only	_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	_____
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FEES (ex. GSHIP**)	Fall 09	Winter 10	Spring 10	Total	check if New Index*	Index/Org./Fund
SAM detail Code OGS use only	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	_____

GSHIP**	Fall 09	Winter 10	Spring 10	Total	check if New Index*	Index/Org./Fund
SAM detail code OGS use only	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	_____

TUITION	Fall 09	Winter 10	Spring 10	Total	New Index*	Index/Org./Fund
SAM detail code OGS use only	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	_____

Comments: \_\_\_\_\_

**\*New Index - please submit form one month prior to month of expected payment**

**\*\*Separate Graduate Student Health Insurance ONLY if training grant is under NIH's new policy (NIH notice 8/18/06). Please consult with Training Grant Fund Manager.**

**SUPPLEMENTAL STIPEND FROM NON-PREDOCTORAL TRAINEESHIP FUNDS**

STIPEND	Begin Date	End Date	Monthly Pymt.	Total	check if New Index	Index/Org./Fund
SAM detail code OGS use only	_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	_____

**Is student receiving employment ?** \*\*\*Yes  \*\*\*If YES - Please submit the Compensation Form No   
 (GSR, TA, Assoc., Reader)

\_\_\_\_\_  
 Signature of Home Department (Reqd. when home dept. is different from funding dept.)

\_\_\_\_\_  
 Ext./Mail Code

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Award submitted by

\_\_\_\_\_  
 Ext./Mail Code

\_\_\_\_\_  
 Date

**Required Attachments:** Statement of Appointment  Patent Agreement  Compensation Form   
 (check box if submitting with this form) (PHS Form 2271) (new trainees only) (only if employed)

**For OGS use only:** APPT Letter Ordered  Date: \_\_\_\_\_ Initials: \_\_\_\_\_ OGS - 5/09