

University of Arkansas for Medical Sciences Graduate School
Request for Tuition Payment for Ph.D. Graduate Assistants

Student Name: _____ Program: _____

Semester: _____

Is this student a full time student pursuing the Ph.D. degree? _____ Yes _____ No

If yes, Print name of major PhD graduate advisor (if designated) _____

Annual Rate of Stipend: _____

Source of Stipend Funds (If multiple sources, please indicate amount paid by each source.):

_____ UAMS Institutional Stipend

_____ Federal Extramural Grant (check one from list below):

_____ Dept. of Defense _____ NIH

_____ Other HHS _____ National Science Foundation

_____ Dept. of Agriculture _____ NASA

_____ Dept. of Energy _____ Other Federal Sources(_____)

_____ Other (state or private) Extramural Grant. Sponsor: _____
(print name)

Account Name & Account # for account that pays stipend:

The Graduate School will pay tuition for students being supported by UAMS Institutional Stipends. However, it is anticipated that students receiving a stipend from extramural sources will also have their tuition paid by the extramural account. The only exception to this policy are those cases where the granting agency does not allow payment of graduate student tuition. Select one of the following:

_____ The granting agency does not permit payment of graduate student tuition (Please attach a copy of this policy).

_____ Extramural account will pay tuition; name and account # for payment of tuition:

Date: _____ Submitted by: _____
Department Chair

Approved: _____
Dean of the Graduate School

(For graduate office use)

GPA _____ # of semesters of payment _____