



# Recommendation for Appointment of Graduate Fellow or Trainee

Submit this Recommendation to: The University of Maine Graduate School, 5775 Stodder Hall, Orono ME 04469.

Form prepared by \_\_\_\_\_ Dept/Unit \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## Student Contact Information

Name (Last, First MI) \_\_\_\_\_ Student ID (7 digit #) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Direct Deposit is not available. Paper checks will be issued, please provide a current Check Mailing Address (preferably on-campus).

Check Mailing Address \_\_\_\_\_ Name of Award \_\_\_\_\_

Start Date mm/dd/yy \_\_\_\_\_ End Date mm/dd/yy \_\_\_\_\_ Total Amount of Award: \$ \_\_\_\_\_ To be disbursed in  9 mo.  12 mo.  Other \_\_\_\_\_

## Financial Information

Accounting ID#	Unit	Dept. ID	Account	Class	Fund	Program	Project	Description	Amount	Funding Source						
	UMS05		55200					Stipend	\$							
								Additional Pay (optional)	\$							
	UMS05		54113					Health Insurance	\$							
	UMS05		55300					Tuition (# of credits)	<table border="1"> <tr> <td>Fall</td> <td>Spring</td> <td>Summer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Fall	Spring	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall	Spring	Summer														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Comments/  
Justification

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and name of person responsible for accounts to be charged

Graduate School Approval

Graduate School Use Only  Reg \_\_\_\_\_  C/AG  GPA \_\_\_\_\_  E/V  C/S