



Research Assistantship Notification Form (RANF)

CHECK ONE:

Award

Change (or for Extensions less than 20 days)

Terminate

| | |
|---|--------------------------|
| RANF Documents | |
| The following items must be included with this form | |
| RA Stipend Letter | <input type="checkbox"/> |
| Expenditure Authorization | <input type="checkbox"/> |

| | |
|---|---|
| Name: | |
| CWID: | |
| Local Address: <i>Local address not yet required for first-time students only</i> | |
| Phone: () - | |
| CofC Email: _____ @g.cofc.edu | |
| Citizenship Information: | South Carolina Residency: |
| U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> |
| <i>(If no, complete below. US Social Security card is required)</i> | |
| Visa: F1 <input type="checkbox"/> J1 <input type="checkbox"/> | Expiration Date: _____ |
| Permanent Resident: <input type="checkbox"/> | Expiration date: _____ |
| Resident Alien: <input type="checkbox"/> | Expiration date: _____ |
| Passport # or A #: _____ | |

Supervising Department: _____

Supervisor: _____ **Email:** _____

Student's Graduate Program: _____

Research Begin Date: _____ **Research End Date:** _____

Contracts should adhere to the term dates on the academic calendar. Individual contracts are needed if the dates include different academic years. New students cannot start before the first day of class of their first term.

| Stipend Amount | Banner Index | Funding Agency | Percent |
|----------------|--------------|----------------|---------|
| \$, | | | |
| \$, | | | |

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT FULL RESPONSIBILITY FOR NOTIFYING THE GRADUATE SCHOOL OF TERMINATION IN A TIMELY MANNER ENSURING THE ADMINISTRATION OF THE CORRECT PAY.

Supervisor: _____ Date: _____

Graduate Program Director: _____ Date: _____

Graduate Dean (*submit to Robyn Olejniczak for this signature*): _____ Date: _____

Accounts Payable Representative: _____ Date: _____