

GRADUATE STUDENT STIPEND

| Section A: Application Procedure | | |
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| <p><i>Important Notes:</i></p> <ul style="list-style-type: none"> After your stipend has been submitted, you will be given an employee number. Use this number to set up an eHR account at www.ryerson.ca/accounts where you can edit your personal information and banking information. Student will send a valid study permit to Human Resources if SIN begins with "9". <p><i>Privacy Statement:</i> The information on this form is collected to administer Graduate Student Stipend payments made by Ryerson University. By providing this information the student consents to its use for that purpose.</p> | | |
| Section B: Student Information | | |
| Social Insurance Number (SIN): | SIN expiry date (if appl.): | |
| Student ID (if known): | Employee no. (if known): | |
| Date of birth (mm/dd/yy): | Gender: | Prefix: |
| Last Name: | First Name: | Initial: |
| Current Address (include postal code): | T4A Mailing Address (if different from current): | |
| Phone no.: | Email: | |
| Degree program (and university, if not Ryerson): | | |
| Research area (if applicable): | Faculty supervisor: | |
| Section C: Award Information | | |
| Award start date (mm/dd/yy): | Award end date (mm/dd/yy): | Total amount of award (\$): |
| <p>By accepting this offer, you acknowledge that you have read, understood and agree to be bound by the laws, by laws, policies, regulations and procedures that apply to graduate students at Ryerson University (including those related to research). For an outline of applicable research policies, please visit the Office of Vice President Research and Innovation (OVPRI) website. In addition, the following terms and conditions apply:</p> <ol style="list-style-type: none"> 1. You must maintain continuous full-time registration in the aforementioned program, under the supervision of your Faculty Supervisor. Withdrawal from the program will result in termination of the stipend immediately. 2. Your performance must be deemed to be satisfactory. <p>I accept the terms and conditions indicated above. I acknowledge that payments are provided to allow me to pursue full-time graduate studies. As such, they are considered to be scholarship income for tax purposes and are not subject to source deductions.</p> | | |
| Student signature: | Date: | |

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Section D: Authorization

Department: _____ Contact name and ext.: _____

Student name: _____ Student ID: _____

I hereby accept supervisory responsibilities for the student and project as indicated on Page 1.

Supervisor signature: _____ Employee ID: _____ Date: _____

If more than one account is required, submit additional documentation, initial individual accounts

| Distribution code. Supervisor to initial their cost centre | | | | | | | | | | | | | | | | Split: | | Effective date: | | |
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