

Rackham Merit Fellowship Funding Utilization Form for Spring/Summer Terms 2012

RMF awardees who are paid directly by Rackham must complete, sign, get approved and submit a Spring/Summer Utilization Form to their graduate program whether or not they plan to utilize their remaining funding. Graduate programs are expected to submit the completed and approved form to the Rackham Fellowships office **by April 13, 2012**. Spring/summer funding is available only to those seeking a Doctorate. RMF students in Engineering, PIBS programs and the Physical and select Biological Sciences do not use this form, but use the transfer of funds form (2203).

Student Name: _____

UMID#: _____ Uniqname: _____

Graduate Program: _____ Faculty Advisor Name: _____

1. Rackham Merit Fellowship Funding

I wish to receive my stipend for spring/summer 2012: Yes No

If yes, this spring/summer I plan to engage in: independent study reading for preliminary exams laboratory research or fieldwork

I plan to register and defend my dissertation during the spring/summer 2012 term: Yes No

I need Rackham supported benefits during spring/summer based on Winter 2012 and pending Fall 2012 funding: Yes No

I have/will receive other fellowship funding for: Spring Yes No and/or Summer Yes No

If yes, give the award name and amount. Award Name: _____ Amount: _____

2. Employment

You are permitted to work up to 10 hours per week (the equivalent of a .25 GSI/GSRA/GSAA appointment) while also receiving RMF funding. No other work exceptions will be allowed.

I will be employed in a non-U-M capacity during the: Spring Summer If you checked Spring and/or Summer, where will you be employed?

Spring: _____ Summer: _____

How many hours per week will you be employed during the Spring? _____ Summer? _____

Will you hold a GSI/GSRA/GSSA appointment? Spring Fraction: _____ Summer Fraction: _____

In what program or lab will you be employed during this time? _____

3. Statement of Understanding

The information I have provided is complete and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for terminating my fellowship support. If I am awarded a GSI/GSRA/GSSA appointment after submitting this form, I will inform my graduate program and the Rackham Fellowships office in writing immediately.

Student Signature: _____ Date: _____

Graduate Chair Name: _____

Graduate Chair Signature: _____ Date: _____