California Sea Grant College Program - Graduate Traineeship Appointment Fillable Form

☐ New Trainee ☐ Continuing Trainee ☐ Cha	anges	Fax Form to CA Sea Gra	nt: (858) 534-2231
	Trainee Information		
Name of Trainee (Last, First, MI):	Department	t: Birthdat	
U.S. Citizen: Yes No Country	of Citizenship:	Visa Type	F N
Work Address:	Home Address:		
City:	City:		
State: Z	ip: State:		Zip:
Email:	Email:		
Vork Phone:	Home/Cell Phone:		
Name of Institution or School (Most recent first)	Major Field of Study	Projected Degree (if any)	Expected Date of Graduation
	Traineeship Information		
Project Leader:	Project #:	Year of Project:	
Account/Fund #:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Purchase Order #:	Dates of Traineeship:		<u> </u>
Stipend Amount Per Month:			
Fee Amounts Per Quarter/Semester:			
	Signatures		
I certify that I have read the "Sea Grant Research T educational benefit from the U.S. Government. I uno phone, and home address. I understand that I shall	derstand that I am required to keep the 0	California Sea Grant Office info	
Trainee:		Date:	
This trainee is qualified for the proposed training an this appointment form will be given to the trainee.	nd is eligible to receive financial support f	from this grant for the period sp	ecified above. A copy o
A copy of the Sea Grant Research Trainee Guidelin	nes has been given to the trainee. (Proje	ct Leader's Initials)	_
		Date:	
Project Leader:			
•		Date:	
		Date:	
Department Chair:			