

California Sea Grant College Program - Graduate Traineeship Appointment Fillable Form

New Trainee Continuing Trainee Changes

Email Form to CA Sea Grant: sgfiscal@ucsd.edu

Trainee Information

Name of Trainee (Last, First, MI):		Department:	Birthdate:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship:	Visa Type:	
Work Address:	Home Address:			
City:	City:			
State:	Zip:	State:	Zip:	
Email:	Email:			
Work 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 #:		
Purchase Order #:	Dates of Traineeship:	
Stipend Amount Per Month:		
Fee Amounts Per Quarter/Semester:		

Signatures

I certify that I have read the "Sea Grant Research Trainee Guidelines". I certify that during the period of this appointment I will not accept any other educational benefit from the U.S. Government. I understand that I am required to keep the California Sea Grant Office informed of my current email, phone, and home address. I understand that I shall receive a copy of this appointment form.

Trainee: _____ Date: _____

This trainee is qualified for the proposed training and is eligible to receive financial support from this grant for the period specified above. A copy of this appointment form will be given to the trainee.

A copy of the Sea Grant Research Trainee Guidelines has been given to the trainee. (Project Leader's Initials) _____

Project Leader: _____ Date: _____

Department Chair: _____ Date: _____

Dean of Graduate Studies: _____ Date: _____

California Sea Grant Office: _____ Date: _____

Comments