

REQUEST FOR SUNY-AGEP SUPPORT UNDER CATEGORY 2
("Top-off" Stipend Supplement for an AGEP-eligible enrolled doctoral student)

Full Name of Accepted or Enrolled Doctoral Student:

Last 4 digits of Social Security Number: _____

Person Number: _____

Student's Local Address:

Student's E-Mail Address: _____

U.S. Citizen or Permanent Resident: Yes _____ No _____

Specify Category of Underrepresented Minority Group Membership:

- _____ Black (African-American)
- _____ Hispanic/Latino
- _____ American Indian/Alaskan Native (Native American)

Student's Doctoral Program of Enrollment: _____

Doctoral Program Initial Entry Semester: _____

Annual Amount of Departmental/Program Base Assistantship: \$ _____

Funding Source of Base Assistantship: _____

AGEP "Top-Off" Stipend Request: \$ _____ (between \$3,500 to \$5,000 per academic yr.)

Proposing Academic Department Name: _____

Confirmation of eligibility and unit commitment: Through my signature below, I confirm that the doctoral student in question meets all eligibility criteria; that the student will be provided a base assistantship in the annual amount indicated above; and that, subject to normal institutional limits, the student will be provided a tuition scholarship for each fall and spring semester by the academic department/program.

Name and Title of Requesting Departmental Officer (must be Chair or DGS):

Signature of Requesting Officer:

Date: _____