RYERSON UNIVERSITY

Graduate Student Stipends

PLEASE PRINT CLEARLY

Part 1 – Student Information

Social Insurance Number:	SIN Expiry Date (if applicable):	Date of Birth: (mm/dd/yyyy)	Student Number (if known):	Employee Number (if known):

Surname:	First Name:	Middle Initial:	Prefix: ☐Mr ☐Ms ☐Dr ☐Other	Sex ☐Male ☐Female

Current Address (include postal code):	T4A Mailing Address *if different from current* (include postal code)	Current Phone Number:
		Other Phone Number:
		Email:

Degree Program and University:	Research Area (if applicable):	Faculty Supervisor(s):

Important Notes:

- **Student will** send an Employee Information form (EIF) to Human Resources for new or changed personal information.
- **Student will** send a voided cheque to Human Resources for new or changed banking information (students are responsible for ensuring that payments are being made to the new account before closing old account)
- **Student will** send a valid STUDY PERMIT to Human Resources if Social Insurance Number begins with "9".

Privacy Statement:

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.

Part 2 – Terms and Conditions

Award Start Date (mm/dd/yy):	Award End Date(mm/dd/yy):	Total Amount of Award:

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 Research Services (ORS) web site at www.research.ryerson.ca. In addition, the following terms and conditions apply:

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.

Other (if applicable):

I accept the terms and conditions indicated above. In addition, 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.

Student Signature: **Date:**

Part 3 – Authorization

Department:	Contact: (name and extension):

I hereby accept supervisory responsibilities for the student and project as indicated above.

Supervisor's Signature: _____ **Supervisor's Emp. ID** _____ **Date:** _____

*****If more than one account is listed below, supervisors are *REQUIRED to INITIAL THEIR INDIVIDUAL ACCOUNTS******

(Provide copy to student after form completed to this point.)

Distribution Code:	Split:	Effective Date:	Sup. Initial
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Distribution:

(1) Dean/Chair/Director (REQUIRED IF INTERNALLY FUNDED): Initials_____**Date**_____

(2) ORS (REQUIRED IF EXTERNALLY FUNDED): Initials_____**Date**_____

(3) Graduate Studies (if required): Initials_____**Date**_____

NOTE: IF ANY OF THE ABOVE AREAS ARE NOT COMPLETED PROPERLY, THE STIPEND WILL NOT BE INITIATED/VALIDATED, AND PAYMENT TO THE STUDENT WILL BE DELAYED. THE FORM WILL BE RETURNED TO THE PRINCIPAL INVESTIGATOR/SUPERVISOR FOR CORRECTION.