Statement of Financial Support for Graduate Students

Student Name _______________________________ Date _______________________________

Student Signature _______________________________ Duke Unique ID Number (Student) _______________________________

Admitting Program/Department _______________________________ Ph.D. Granting Program/Department _______________________________

Thesis Advisor (PI): _______________________________ Primary department of thesis advisor: _______________________________

As thesis advisor to the above student and as department chair, division chief, or business manager for the thesis advisor, we commit to the following policy:

The thesis advisor is responsible for the financial support of this student, provided that the student is making satisfactory progress toward the doctoral degree. Such progress will be subject to ongoing review by the advisor, the Director of Graduate Studies of the department or program, and the student’s committee, where appropriate. Support is normally offered for up to five calendar years from the date of the student’s original matriculation into The Graduate School.

Financial support includes tuition remission, fees and a salary/stipend, determined annually by the Graduate School. If the advisor fails to provide this support, it will be provided by the department or unit which normally receives the indirect cost revenues generated by the advisor’s/PI’s grants. In most cases, this will be the department in which the advisor/PI holds his/her primary appointment. If the student receives another award or assistantship and the level is less than the established stipend and/or that required for tuition and fees, the difference will be supplied by the thesis advisor from other funds or by department/unit sources.

Thesis Advisor’s Signature _______________________________ Date _______________________________

Thesis Advisor’s Name _______________________________

DGS, Advisor’s Department, Signature _______________________________ Date _______________________________

DGS, Advisor’s Department, Name _______________________________

Department/Division Chair Signature _______________________________ Date _______________________________

Department/Division Chair Name _______________________________

DGS, Admitting Program, Signature _______________________________ Date _______________________________

DGS, Admitting Program, Name _______________________________