

# Graduate Fellowships for STEM Diversity

## Student Status Report and Allowance Request

Student name:	Quarterly Billing period: (Circle) 1 <sup>st</sup> Qtr    2 <sup>nd</sup> Qtr    3 <sup>rd</sup> Qtr    4 <sup>th</sup> Qtr Sep-Nov    Dec – Feb    Mar – May    Jun – Aug
University Attending:	

### **Request for funds** (Annual stipend divided by 4 Qtrs)

Please send stipend funds in the amount of \_\_\_\_\_ for the quarter indicated above.

### Section 1 (to be completed by student)

1. Number of years of graduate study completed:	
2. Masters degree completed? (If NA, skip to 4.) Yes, give date _____ and skip to 4.	No, give anticipated date _____ and continue with 3.
3. Are you making satisfactory progress toward the completion of your master's degree? Yes    No    If No, please explain: _____ _____	
4. Have you taken your comprehensive exams?    Yes    No Did you pass all parts?    Yes                  No                  If, Yes, give date: _____  If not, please explain: _____ _____	
When are you scheduled to retake the exams? _____	
5. If you are a Ph.D. candidate, are you making satisfactory progress in your: Coursework?                  Yes          No          N/A Research?                    Yes          No          N/A Dissertation?                Yes          No          N/A	
6. When do you expect to complete your program? _____	

### Section 2 (to be completed by student's advisor)

Do you verify that the information, given above by the student, is accurate?    Yes    No Please explain: _____ _____
Is the student progressing in their program in a timely manner?    Yes    No

Are there any areas that concern you regarding the progress of this student in their program?

---

---

---

Any other comments:

---

---

---

---

### Section 3 - Invoice

Once all signatures are provided, this form will be considered the invoice that will be used for payment of this student's stipend.

#### Signatures (Required)

<b>Student</b>	<b>Date</b>	Email address
School Address (Street, City, State, Zip)		Home and Work Phone Nos.

<b>Advisor</b>	Title, Phone No. & Email address
----------------	----------------------------------

<b>Financial Contact</b>	Title
Mail Stipend to:	Email address & Phone No.

Email this form to: me directly or [gfsd@stemfellowships.org](mailto:gfsd@stemfellowships.org)

Graduate Fellowship for STEM Diversity Phone: (800) 854-6772 or (213) 821-2409  
USC – RAN Fax: (213) 821-6329  
3716 S. Hope St., Suite 348 Email: [gfsd@stemfellowships.org](mailto:gfsd@stemfellowships.org)  
Los Angeles, CA 90007

Last modified: 7/12/21