SOEST TRAINEE APPOINTMENT FORM

This form is a supplement to the initial disbursement voucher and should be attached to the KFS e-doc to establish appointment of the trainee.

1. NAME OF (PROPOSED) APPOINTEE:_____
2. Highest degree (or US equivalent) and year. Please attach CV:_____
3. Subject area of appointment:_____
4. Nature and purpose of appointment:_____

   _____

   _____

5. Briefly describe training objectives:_____

   _____

   _____

   _____

   _____

6. Basis for evaluation or continuation of support:_____

   _____

   _____

7. Any directed or independent reading activities?:_____
8. Proposed length of appointment:_____
9. Total amount to be paid:_____
10. How was the stipend rate determined? i.e., based on postdoc or GA stipend schedule; supplements provided by home institution, etc:_____

    _____

11. Account Code:_____
12. Funding Agency Award Number:_____
13. Funding Agency Award Title:_____
14. Was it budgeted for in proposal?: (check one) ___ Yes/___No
15. Rebudget required?: (check one)___ Yes/___No

Prepared By:

_____

Principal Investigator/Supervisor Date

Approved By:

_____

Dean/Director Date

Attach a copy of the completed, approved document to the initial DV and retain original document in department's files.

REVISED 09/20/12