

**Section I -- Appointee Information - to be completed by department** Revised 04/27/2022

Last Name _____		First Name _____		Middle Name _____	
University ID _____		Home Organization Number/Description _____		Department Contact-Name/Phone _____	
Citizenship Status:		Timesheet Organization/Number/Description _____			
<input type="checkbox"/> U.S. Citizen		<input type="checkbox"/> Permanent Resident or Substantial Presence Alien		<input type="checkbox"/> Nonresident Alien	
C97 <input type="text"/>	<input type="text"/> 00	<input type="text"/> XX	Graduate Fellow	None	Fellow
Position	Suffix	ECLS	Job Title	Faculty Status	Faculty Rank Type
<input type="checkbox"/> Original Appointment	Begin Date _____	End Date _____			
<input type="checkbox"/> Appointment renewal	Begin Date _____	End Date _____			
End Appointment	End Date _____	End Reason _____			

(Visa Type/Expiration Date)  
Fixed Term  
Tenure Status

**Section II-- For Institutionally-Funded Fellowship Only-to be completed by department**

**Stipend Funding Source:**

OSU Foundation Fellowship: \_\_\_\_\_  
 OSU Foundation Award Name \_\_\_\_\_ OSU Foundation Project ID/Detail Code \_\_\_\_\_

Quarterly Fellowship Stipend: \_\_\_\_\_ (Specify Terms): Summer      Fall      Winter      Spring

Total Annual Fellowship Stipend: \_\_\_\_\_ Summer Stipend (if different): \_\_\_\_\_

Other Institutional Fellowship: \_\_\_\_\_  
 Award Program Name \_\_\_\_\_ Fund Type \_\_\_\_\_ Index/Detail Code \_\_\_\_\_

Quarterly Fellowship Stipend: \_\_\_\_\_ (Specify Terms) Summer      Fall      Winter      Spring

Total Annual Fellowship Stipend: \_\_\_\_\_ Summer Stipend (if different): \_\_\_\_\_

**Tuition Support Source:**

Graduate School Tuition Support Confirmed?:      Yes      No      (Specify Terms)      Fall      Winter      Spring

Detail Code \_\_\_\_\_

Summer Tuition Support Confirmed?:      Yes      No

(Specify Source):      Included in Stipend      Provided by Grad School      Other: \_\_\_\_\_

**Section III -- Approvals / Signatures**

Department Head/Chair Signature _____	Printed Name _____	Date _____	Phone _____
Graduate School (all forms) _____	Printed Name _____	Date _____	Phone _____
Business Center/Office of Human Resources _____	Printed Name _____	Date _____	Phone _____
<b>Submitted by:</b> Name _____	Phone _____	Date _____	