STAR Graduate Student Summer Compensation Form

TO: All Faculty

TO: All Faculty RE: Graduate Student Sum: Date: April 14, 2023	mer Compensation				
summer months. Using the	form below, please p	y documents for graduate sture rovide information on any graduate provide this information	aduate student(s) you	plan on supporting th	
Provide a description of what	at the graduate stude	nt will be working on over the	e summer.		
Please note the following: Summer Dates: May 20, 2	2023 – August 18, 20	023			
NAME (Student)	USNH ID#	FOAPAL (Fund/Org)	AMOUNT (\$)	DATES	
Description of Work					
Professor / P.D.'s sig	nature				
Signature:		Date:			
Chair or Dean's sign	ature				
Signature:		Date:			