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| **ECE PhD Student Funding Information**  Please use **one form for each student** and provide information on how you plan to support (fund) the student year by year for the duration of their studies. | | |
| **Advisor Name:** | **Today’s Date:** |  |
| **Student Name:** | **Admitted term:** |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Year number** | **Academic Year**  (e.g. FA 2024-SP 2025) | **Source of Funding:** e.g. Presidential fellowship, GTA, GRA, student’s own funds etc. | **Health insurance coverage source:**  The Provost Office covers the health insurance expenses for the first three years of assistantship appointments. After the first three years, if the student will be appointed as a GTA, the health insurance expenses will need to be covered by the advisor’s indirect account, **not** grant account. | | 1yr PhD student |  |  |  | | 2yr |  |  |  | | 3yr |  |  |  | | 4yr |  |  |  | | 5yr |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   *Please give here any additional information / comments related to your plans for supporting the student:*  *Please Comment on student’s command of the English Language, both written and oral (for GTA only):* | | |