

This form must be saved before you send it electronically.

Assistantships and Graduate Fellowships in the Mathematical Sciences, 2009

Institution: _____

Department: _____

9. FINANCIAL ASSISTANCE for 2009–2010 academic year. (Include NSF and other grants or fellowships awarded through the department.) Round all dollar amounts to the nearest dollar.

Type of financial assistance	Total number receiving support in program 2009–2010	Number of those listed at left awarded to new students	2009–2010 STIPEND/SALARY			TUITION AND FEES for academic year to be paid by supported student (\$)	SERVICE REQUIRED	
			Amount paid (\$)		Specify 9 or 12 months		Average hours per week*	Grade, Teach, Research, etc.
			minimum	maximum				
Fellowship			.00	.00		.00		
Teaching Assistantship			.00	.00		.00		
Research Assistantship			.00	.00		.00		
Other; please specify:			.00	.00		.00		

* Please add superscript "c" if hours for teaching positions are contact hours only.

10. Is health insurance available to the individuals in Question 9? If so, report the estimated monthly payment by the individual for individual coverage. (Round all dollar amounts to the nearest dollar.)

Health Insurance available to:	Yes	No	If yes, provide the (estimated) monthly payment by the individual for individual coverage Amount to be paid (\$)
Fellowship			.00 (per month)
Teaching Assistantship			.00 (per month)
Research Assistantship			.00 (per month)

11. Number of foreign languages in which your doctoral students are required to demonstrate reading knowledge: Zero One Two

Name and title of person preparing this form: _____ Date: _____

Tel: _____ Fax: _____ E-mail: _____

Please keep a copy of this form for your records.