

Date _____

Faculty of Department _____

AAU Approval Required _____

	Surname	Grantee Approval	Account Number (Fund/Department/ Program or Project Account)	Natural Account Number Please select one (Canadian or International)	Total Scholarship Paid in a Lump Sum	Start/End Date (MM/DD/YYYY)
	Given Name					
	Student Number					
	Employee Number					
1	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)		
	Signature					
2	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)		
	Signature					
3	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)		
	Signature					
4	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)		
	Signature					

NOTE: ALL STUDENTS RECEIVING THE ABOVE SCHOLARSHIPS MUST REPORT TO HUMAN RESOURCES TO PROVIDE REQUIRED DATA.

ATTENTION: This form should be used only for those students who participate in a grantee's research for the main purpose of qualifying for advanced degrees or obtaining graduate research experience that will advance their knowledge. PLEASE CONSULT THE RESEARCH ASSISTANTSHIP GUIDELINES ON THE GRADUATE STUDIES WEB SITE.

I have read the Research Assistantship Guidelines and have determined that salary is the appropriate method of payment.

Grantee Signature: _____

Date: _____

All amounts paid from this form are considered scholarship earnings. Since no employment insurance premiums are paid; no insurance benefits can be claimed. Students paid through these scholarships are not covered by Workers Compensation (WSIB). Scholarship is considered T4A income. No Tax will be deducted. All amounts will be paid in a lump sum not biweekly. STUDENTS MAY WISH TO CONSULT WITH PAYROLL TO AMEND THEIR TD1 FORM DEPENDING ON INDIVIDUAL CIRCUMSTANCES.

Please Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2137