Graduate Fellowship Supplemental Support Request

External graduate fellowships must meet the funding requirements specified by the Graduate Tuition Policy. Use this form to request a stipend supplement or tuition waiver, if necessary.

**STIPEND.** A fellowship living stipend that does not meet the Institute minimum requires supplementation from the School/department. In some instances, the Office of Graduate Education (OGE) may have a fund that can provide this supplement.

**TUITION.** A fellowship may include full, partial, or no tuition coverage. If a partial cost-of-education allowance is provided (as in the $12,000 cost-of-education allowance provided by the NSF GRFP), no supplementation is required. If no tuition coverage is provided, a tuition waiver is required.

**Submitting the request.** If stipend and/or tuition supplementation is required, the department should submit this form to OGE no later than the date of fellowship application submission.

**Notification of award.** The student should notify his or her department and the Office of Graduate Education upon receipt of a decision from the funder.

Questions about these guidelines should be addressed to Betty Madigan (madige@rpi.edu)

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Student ___________________________________ RIN ___________________________ Email ___________________________

Program _______________________________ Advisor ______________________________________

Name of External Fellowship ________________________________________________________________

Application Deadline __________________________ Application Submission Date _________________

Fellowship Website (or attach official documentation that includes award benefits) ________________________________

Term of Award (for example, September 2018 – May 2019) ______________________________________

Fellowship Stipend $_________________ Fellowship Tuition $________________

<table>
<thead>
<tr>
<th>Request (select one or both)</th>
<th>Stipend Supplement</th>
<th>Tuition Waiver</th>
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<tbody>
<tr>
<td>Student</td>
<td>Signature</td>
<td>Date</td>
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| Graduate Program Director    | Signature          | Date          |

OFFICE OF GRADUATE EDUCATION APPROVAL:

Signature ______________________ Date ______________

OGE will send copies to: _____ Registrar _____ Department

(Revised December 2019)