

# THE GRADUATE SCHOOL

## 2008/2009 Affiliate Activation Form

The Affiliate Activation Form is for funding provided to students assisting faculty at an NU affiliate institution. Programs should complete the Affiliate Activation form for students who have been appointed to research positions being funded by Children's, ENH or RIC.

**Please Note:** The TGS/ENH Affiliation will terminate at the end of Spring 2009.

**STUDENT INFORMATION**

Name \_\_\_\_\_ SES ID# \_\_\_\_\_  
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Home Department \_\_\_\_\_ PAYROLL EMPL ID# \_\_\_\_\_

**ACTION** - check appropriate entry: First appointment for 2008/2009  Continuing appointment 2008/2009

Check Address \_\_\_\_\_

**AFFILIATE** – check appropriate entry: Children's Memorial  Rehabilitation Institute  Evanston Northwestern Hospital   
( No summer '09 appointment )

Faculty Advisor at Affiliate \_\_\_\_\_

**STIPEND** *Stipends are for whole quarters only:*  
*fall - 09/01-11/30; winter - 12/01 - 02/28; spring - 03/01 -05/31; summer- 06/01 - 08/31*  
( No ENH appointment )

NOTE: Report on this form ONLY the amount being paid by the affiliate. If the program is providing supplemental funding for the student, complete the Student Aid Information Form (SAIF) for the program's portion.

Begin Date \_\_\_\_\_ (MM/DD/YY) End Date \_\_\_\_\_ (MM/DD/YY)

Monthly salary \$ \_\_\_\_\_ Total Amount \$ \_\_\_\_\_.

**TUITION** *Indicate quarterly tuition to be paid by affiliate: \$3,308 for 3 – 4 units; \$3,267 for TGS 588/598/599; \$1,157 for TGS 503. TGS will pay the remaining balance. No ENH summer appointment for tuition.*

Fall \$ \_\_\_\_\_ Winter \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ Summer \$ \_\_\_\_\_ Total amount \$ \_\_\_\_\_

**HEALTH FEE** *Indicate health fee to be paid by affiliate* \$ \_\_\_\_\_

**For awards to be processed in a timely manner, submit 4-6 weeks prior to the beginning of the quarter.**

Prepared by \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

Department Authorization (*signature*) \_\_\_\_\_

**Send completed form to: Mike Fernandez, The Graduate School, Crown 1-502, Evanston Campus**

**FOR OFFICE USE ONLY**

ITEM TYPE#	TOTAL	Fall	Winter	Spring	Summer
RA Scholarship	\$	\$	\$	\$	\$
Stipend	\$	\$	\$	\$	\$
Tuition	\$	\$	\$	\$	\$