

# MEMO

To: \_\_\_\_\_  
(student's advisor)

Date: \_\_\_\_\_  
(MM/DD/YYYY)

From: \_\_\_\_\_, \_\_\_\_\_  
(student's name) (student's graduate group)

Re: CD Permission for Supplemental Training and Pay

\*\*\*\*\*  
I am requesting your approval for additional paid activity for \_\_\_\_\_  
(supervisor and department or course for whom you'll be working)

I expect to work approximately \_\_\_ hours per week. I will receive \$\_\_\_\_\_ per month for this job for a total of \$\_\_\_\_\_.  
(total amount paid for job)

The duration of the job will not exceed one academic term, from \_\_\_\_\_ to \_\_\_\_\_.  
(MM/DD/YYYY) (MM/DD/YYYY)

I am confident that this additional job will not negatively impact my academic work. I understand that I must obtain CD approval for this job by completing this form PRIOR to beginning my job. Thank you for reviewing my request.

Detailed description of job responsibilities:

Justification of how this activity will further your training as a CD student::

Have you taught before? If yes, provide details on when and what:

\_\_\_\_\_  
Student name printed

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Advisor name printed

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Graduate Group Chair name printed

\_\_\_\_\_  
Graduate Group Chair signature

Lawrence Brass, MD, PhD  
CD Director

\_\_\_\_\_  
CD Director signature

**Please note: After you have received the permission of your advisor and graduate group chair, please return the signed memo to Mary Tiedeman at the CD office (100 Stemmler). You will be informed of Dr. Brass' decision regarding your request. Please be advised that if this form does not include all of the pertinent information and signatures, it will be returned to you. E-mailed or verbal approvals cannot be submitted in lieu of original signatures on this document. CD approval should be granted PRIOR to beginning your job.**