

Biomedical Graduate Studies
Mentors Funds Check Form for Support of Graduate Students

Student Name: _____

Graduate Group: _____

Requestor/Thesis Advisor: _____

Type of support required:

Fy07 mentor cap for a student supported off an RO1 is \$32,020. Mentors can expect to support students between 3-5 years, which means that for 3 years they need \$96,060 and for 5 years they need \$155,664. Please note that these figures don't take into account tuition and stipend increases, which are likely to raise the mentor cap in future years.

Summary of support available:

| <i>Funding Source Type (check all that apply)</i> | <i>Total Dollars Available to support student</i> | <i>Grant Project Period</i> |
|---|---|-----------------------------|
| <input type="checkbox"/> NIH research grant | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> Non NIH research grant | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> NIH training grant | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> NIH individual NRSA | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> Non NIH fellowships | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> Dept funds | \$ _____ from _____ | to _____ |
| <input type="checkbox"/> Misc/Other | \$ _____ from _____ | to _____ |

TOTAL AVAILABLE: \$ _____

Please provide additional information regarding current and pending grants of the thesis advisor on the attached sheets.

Signature of Thesis Advisor

Signature of Student's Graduate
Group Chairperson

Signature of Dept BA

Date of Funds Check by Dept BA: _____

RETURN COMPLETED FORMS TO: Nam Narain, 417 Anat-Chem/6110.

Please provide the following information regarding your active grants:

BEN grant number _____
Funding agency _____
Annual direct costs _____
Total direct costs _____
Expiration date _____

BEN grant number _____
Funding agency _____
Annual direct costs _____
Total direct costs _____
Expiration date _____

BEN grant number _____
Funding agency _____
Annual direct costs _____
Total direct costs _____
Expiration date _____

If you have grants pending review and approval, please provide information below:

Funding agency _____
Annual amount _____
Total direct costs _____
Pending date _____

Funding agency _____
Annual amount _____
Total direct costs _____
Pending date _____

Funding agency _____
Annual amount _____
Total direct costs _____
Pending date _____

If you are currently supporting other pre-doctoral students, please provide information below:

| | | | |
|--------------------------|-------|-------|-------|
| Name of student | _____ | _____ | _____ |
| Source of support | _____ | _____ | _____ |
| Annual amount of support | _____ | _____ | _____ |
| Total Direct Costs | _____ | _____ | _____ |
| Funding period | _____ | _____ | _____ |