

## REQUEST PERMISSION FOR SUPPLEMENTAL TRAINING AND PAY

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

FROM: \_\_\_\_\_ (student's name AND grad group)

DATE: \_\_\_\_\_

I am requesting your approval for additional paid activity for:

Supervisor and Department or Course  
for whom you'll be working: \_\_\_\_\_

My duties/responsibilities will be  
(Describe the job): \_\_\_\_\_

And 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 this job will be from \_\_\_\_\_ to \_\_\_\_\_ (include beginning and end dates of job.)

I am comfortable that this additional job will not negatively impact my academic work.

Thank you,

Student Name (PLEASE PRINT): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Advisor Name (PLEASE PRINT): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

If in PhD phase:

Graduate Group Chair Name (PLEASE PRINT): \_\_\_\_\_

Graduate Group Chair Signature: \_\_\_\_\_

MD-PhD Director: Skip Brass, MD, PhD

MD-PhD Director Signature: \_\_\_\_\_

\* Please attach any available description of the job.

AFTER YOU HAVE RECEIVED THE PERMISSION OF YOUR ADVISOR AND GRADUATE GROUP CHAIR, PLEASE RETURN THE SIGNED MEMO TO MARY TIEDEMAN IN SUITE 100. PLEASE BE ADVISED IF THIS FORM DOESN'T INCLUDE ALL OF THE PERTINENT INFORMATION AND SIGNATURES, IT WILL BE RETURNED TO YOU.