



## Biomedical Graduate Studies

Mentor's Funds Check Form for Support of Graduate Students

Student Name: \_\_\_\_\_

Graduate Group: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_

### Type of support required:

Fy10 mentor cap for a student supported off an RO1 is \$33,020. Mentors can expect to support students between 3-5 years, which means that for 3 years the total cost is approximately \$99,060 and for 5 years \$165,100. 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. Accepting a graduate student in the lab is both an educational and financial commitment. As such, securing a student's funding takes precedence over that for other lab personnel.

### 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 & Name of Thesis Advisor

\_\_\_\_\_  
Signature of Student's Graduate Group Chairperson

\_\_\_\_\_  
Signature & Name of Dept BA

Date of Funds Check by Dept BA: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**RETURN COMPLETED FORMS TO:** [Nam Narain, 417 Anat-Chem/6110, fax 215-573-9687, narain@mail.med.upenn.edu](mailto:nam.narain@med.upenn.edu)



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

**Funding agency** \_\_\_\_\_  
 Annual direct costs \$ \_\_\_\_\_  
 Pending date \_\_\_\_\_

**Funding agency** \_\_\_\_\_  
 Annual direct costs \$ \_\_\_\_\_  
 Pending date \_\_\_\_\_

**Funding agency** \_\_\_\_\_  
 Annual direct costs \$ \_\_\_\_\_  
 Total direct costs \_\_\_\_\_

**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
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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*Mentor Financial Check*