



Biomedical Graduate Studies

BGS Permission for Additional Training and Compensation

TO: BGS Central Office – 160 BRB ~ Attention Colleen Dunn ~ dunncoll@penmedicine.upenn ~ 215-898-2792

From: _____ PennID# _____ Date: _____
Student Printed Name and Graduate Group

I am requesting BGS approval for additional training and compensation for the following activity:

Activity _____

Semester: _____ Start date: _____ End Date: _____

Supervisor name and email: _____

Paying Department/School and Payroll contact name and email: _____

(BGS must have this information in order to ensure you are paid)

26 Digit Budget Code if known: _____

I expect to work approximately _____ hours per week for a total of approximately _____ hours for the semester

I expect to be paid \$_____ for the semester for this activity

*I am confident this additional activity will not negatively impact my academic work. **I understand I must submit this form to BGS for approval before I start the activity.***

• Description of responsibilities:

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

• Have you been a TA or received approval for any other paid training activity prior to this? If so, please list the activity and semester approved:

Required Signatures: (BGS will obtain BGS Director approval if service is greater than 100 hours)

Student name _____ Student Signature _____

Advisor name _____ Advisor Signature _____

Graduate Group Chair name _____ Grad Group Chair Signaure _____

Please email the form to Colleen Dunn (dunncoll@penmedicine.upenn.edu) after you have filled it out completely and have obtained the required signatures (electronic signatures are fine). BGS will approve as appropriate and email you a copy of this form for your records and to submit to supervisor or paying department as may be required.