University of Regina

FACULTY OF GRADUATE STUDIES & RESEARCH

FINANCIAL SUPPORT FORM

❖ The financial support described below pertains to **guaranteed funding for the first year** of graduate studies only, unless otherwise indicated **IN RED IN THE COMMENTS SECTION**.

❖ It is recognized that receipt of the full guaranteed funding is conditional upon satisfactory academic performance being maintained by the student.

❖ Students are eligible to apply for additional funding where they are fully eligible for those awards.

STUDENT INFORMATION

Student ID #: _____ First Name: _____ Last Name: _____

Degree: _____ Program: _____ Route: _____

SECTION A: GUARANTEED FINANCIAL SUPPORT FROM PROPOSED SUPERVISOR

☐ Salary (work for hire; employment)   Amount $ _____

☐ Stipend (research award; allowance)   Amount $ _____

TOTAL Funding from Supervisor(s):   Amount **$_____** ?

Note: For your reference, the cost for Graduate Study in Regina is posted on the FGSR web-site at: https://www.uregina.ca/gradstudies/future-students/tuition-fees/index.html

	Primary Supervisor	Co-Supervisor
Name: *Printed*		
Signature:		
Date:	?	?

SECTION B: GUARANTEED FINANCIAL SUPPORT FROM DEPARTMENT/FACULTY

NOTE: By indicating that funding will come from any of the Graduate Studies and Research sources, you are committing an award(s) from YOUR DEPARTMENT ALLOCATION.

☐ Departmental Teaching Assistantship (TA)   Amount $ _____

Note: Current rates are posted on the FGSR Scholarships web-site at: https://www.uregina.ca/gradstudies/current-students/scholarships/fgsr-funding.html

☐ FGSR Graduate Teaching Assistant (GTA)   TYPE: Amount $ _____ ?

☐ FGSR - Graduate Scholarship Base Fund (GSBF) TYPE: Amount $ _____

IF APPLICABLE: Year **1** Amount $_____; Year **2** Amount $ _____; Year **3** Amount $_____; Year **4** Amount $ _____;

☐ Other Award (please name): _____ Amount $_____

TOTAL Funding from Department/Faculty: Amount **$_____** ?

GRAND TOTAL Funding from Supervisor AND Department/Faculty: Amount **$_____** ?

COMMENTS/MULTI-YEAR FUNDING INSTRUCTIONS

NOTE: If you require specific wording on the funding letter, please note it below, EXACTLY as you wish it to appear on the letter.

Department/Faculty Name: _____

Head/Designate (please print): _____

Head/Designate (signature): _____   **DATE**

Graduate Program Coordinator (please print): _____

Graduate Program Coordinator (signature): _____   **DATE**

Updated August 2022