

# **Funding Agreement for Students whose Thesis Advisors leave Duke**

**Student's Last Name:**

**Student's First Name:**

**Duke Unique ID Number:**

**Phone Number:**

**Duke University Email Address:**

**Thesis Advisor (PI) Name:**

**Primary department at Duke:**

Contact Name and Title of person who will provide stipend/fees/tuition at new institution  
(if funds remain at Duke for support, the name of the Duke contact who will supply payment information):

**Contact Name:**

**Title:**

**Contact Address:**

**Contact Email Address:**

**Contact Phone Number:**

**Fax Number:**

**Date of removal from Duke payroll (if funds remain at Duke for support, leave blank):**

**Terms Covered by Sponsorship at new institution:**

**Begin Date:**

**End Date:**

By signing below, the thesis advisor (PI) agrees to provide Tuition Remission/Fees, Stipend, and Medical Insurance as outlined on the Duke University Graduate School Tuition, Fees and Stipend table on behalf of the student for the duration of the dates indicated by the terms of sponsorship. It is the responsibility of the student to provide the specified contact with a copy of invoices.

The Director of Graduate Studies must be notified immediately of changes to the student registration or billing contact information. The student is ultimately responsible for any unpaid balances. If payment is not received by the due date, a hold will be placed on the student account in keeping with University policy and the student will be assessed appropriate late fees and prevented from graduating.

Electronic Signatures are permissible

Thesis advisor (PI) Name (Print):

Date:

Signature:

Contact Name (Print):

Date:

Signature:

Duke Director of Graduate Studies Name (Print):

Date:

Signature:

Duke Business Manager Name (Print):

Date:

Departmental Official Name (Print):

Signature:

Student Name (Print):

Date:

Signature:

The student is responsible for completing this funding agreement which should be sent to:

1. All signatories
2. The Office of Biomedical Graduate Education (OBGE) for the School of Medicine
3. DGA of the program in which student is enrolled