

# CIMS REQUEST FOR PAYMENT BY STIPEND

*Request will be made to appropriate NYU office via e-mail by the budget officer on the account*

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Please process payment for:

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## TO BE COMPLETED BY STUDENT:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Local Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Graduate Student  Undergraduate Student Gender: \_\_\_\_\_

Ethnicity:

American Indian  Asian  Black  Hispanic  White  Other \_\_\_\_\_

Citizenship (please circle and attach document of proof):

U.S. Permanent Resident Other \_\_\_\_\_

Research Project/Course Description:

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Faculty Mentor Name: \_\_\_\_\_

## TO BE COMPLETED BY ADMINISTRATOR:

TOTAL Stipend Amount for Entire Period: \_\_\_\_\_

Payments to be made:  Monthly  In one lump sum

Payment Period:

Summer  Fall Semester  Spring Semester  Academic Year (Fall & Spring)

Account to be paid from:

VIGRE 61020-25-74200-F0956  Other (please identify) \_\_\_\_\_

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Approval: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_