Cumming School of Medicine

Health Sciences Centre Foothills campus, University of Calgary 3330 Hospital Drive NW Calgary, Alberta T2N 4N1

Undergraduate Student Payments

Student name:

Student email:

Student ID*:

Student must have SIN & Banking details on their UofC portal - PIs remind student.

Student without UCID: Full postal mailing address required :_____

Department/Faculty:

Award name:

Total stipend amount:

Valid accounting string; sufficient current funds in the project

Start date*	End date*	Fund	Dept ID	Project	Activity	Monthly rate

*Start and end dates must be the 1st and last day of the month, respectively.

Comments:

Supervisor:

Contact person Email & Name (MANDATORY):

Please submit completed forms to jsimoes@ucalgary.ca

