

## **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 - Pls remind student.  address required:		
Studei		pc	ostai maiini	g address req	uirea :		
Depart	ment/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 an	d end dates must	be the 1 <sub>st</sub> a	nd last day of t	he month, respec	tively.		
Comm	ents:						
Superv	visor:						
Contac	t person (MA	NDATORY	<b>Y)</b> :				