

UNIVERSITY OF KANSAS MEDICAL CENTER

Stipend Personnel Action Form  
Traineeship-Fellowship

Name:

Address:

SSN:

Effective Date:

SpeedType:

Dept. No.

Dept. Name

Dept. Ext.

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NEWAPPOINTMENT ONLY

Rate:

US Citizen Yes No

Job Description (check one)

Undergraduate Seeking Student

Master's Degree Seeking Student

Ph D/MD Seeking Student

Post Doctoral Seeking Student

Other (please specify)

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CHANGE OF STATUS

Stipend Rate Change: From \$

To \$

Name change: From

To

Sp

SpeedType Change: From

To

Description Change (check one)

Undergraduate Seeking Student

Master's Degree Seeking Student

Ph D/MD Seeking Student

Post Doctoral Seeking Student

Other (please specify)

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Termination Date:

Name

Name (Please Print):

Signature: \_\_\_\_\_

Date: