

Stipend Termination Request

This is a DocuSign Powerform.

A specific request is required to stop stipend payments to a student with one exception: unless an earlier date is requested by the primary research mentor, graduating students will be terminated automatically by LGS at the end of the semester in which their degree paperwork is accepted as shown in the blue box below:

LGS Automatic Termination Dates

Fall: December 31

Spring: May 31

Summer: August 31

Important Note to Scholar and Mentor:

Graduate Scholars may not remain employed through the Laney Graduate School after the automatic stipend termination date for the semester in which their defense paperwork is formally registered by LGS. Any offer of continuing employment past this date is not managed by the graduate program and should be confirmed via written agreement with an HR Representative. The graduate program is unable to assist in the management of pay for a program alum.

I. Primary Research Mentor Information

Name

Date

Name of Scholar

Please check the option that applies to this scholar's case:

- Degree Completion
- Transfer
- Leave of Absence
- External Training/Co-Op/Internship
- Voluntary Withdrawal
- Other

Please initial to indicate your understanding of each item below:

Initial

Stipend termination requests require the approval of the Director of Graduate Studies; requests are not guaranteed. The graduate program coordinator will email the primary research mentor and the affected scholar to confirm an approved termination request.

Initial

In accordance with the chemistry graduate program handbook, graduating scholars may not be required to complete any additional Emory-related effort after stipend termination.

Initial

Stipend termination can require up to two weeks (ten business days) notice. If a stipend termination request form is not submitted and this results in overpayment to a scholar, chemistry will not seek the return of any resulting overpayment.

Initial

I have read and acknowledge the "Important Note to Scholar and Mentor" on the first page of this document.

Requested Stipend Termination Date

Month	Day	Year

Requested Stipend Re-Start Date
(If Applicable)

Month	Day	Year

Name

Signature

Date

II. Acknowledgement of Stipend Termination (Completed by Scholar)

Please initial to indicate your understanding of each item below:

Initial

I am aware of my stipend termination date as described in Section II.

Initial

I understand that I am not required to complete any Emory-related effort after my stipend termination date.

Initial

I have read and acknowledge the "Important Note to Scholar and Mentor" on the first page of this document.

International Students Only: I understand that my stipend will be terminated on the date listed in Section II or on the date that my work authorization expires, whichever is sooner.

Initial

Name

Signature

Date

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III. Stipend Term Confirmation (Completed by Graduate Program)

- The stipend term request has been completed as requested.
- The stipend term request has been completed and will be effective _____.
- The stipend term request cannot be completed. Please contact me directly.

Notes:

Name

Signature

Date

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