

STIPEND TERMINATION REQUEST

For advisors use only

Student's name

Emory ID

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

Degree Completion

Transfer

Leave of Absence

Voluntary Withdrawal

Other: _____

Please use the space below to request a termination date. **This is required to stop stipend payments to a student** with one exception: unless an earlier date is requested by the PI, graduating students will be terminated automatically by LGS at the end of the semester (see yellow box).

The student's last pay date should be on: ____/____/_____
MM DD YYYY

LGS automatic termination dates:

Fall: December 31

Spring: May 31

Summer: August 31

If a stipend termination request form is not submitted and this results in overpayment to a student, Chemistry will not seek the return of any resulting overpayment.

Advisor's name

Signature

____/____/_____
MM DD YYYY

Please submit this form to the Graduate Coordinator, preferably by email to ana.velez@emory.edu.