



## Graduate Student Verification Form

This form serves as a guide to the policies regarding eligibility for a salary increase once you have either passed the Preliminary Examination or been Advanced to Candidacy for the PhD degree. Please read this information carefully, and give it to your hiring unit with the required signature.

Please choose one:

Preliminary Examination	Date: _____
Qualifying Examination / Advanced to Candidacy	Date: _____

For those who have passed the Qualifying Exam/Advanced to Candidacy:

1. It is the responsibility of the student to provide proof to the hiring unit that he/she has been Advanced to Candidacy (below). A student is considered to be Advanced to Candidacy after formal notification is received from Graduate Division. Salary increases will be effective the first month following Graduate Division approval.
2. It is the student's responsibility to provide proof of advancement, by completing the bottom portion of this form and returning it to the hiring unit within 10 calendar days of Graduate Division notification. If you do not notify your hiring unit within this 10 day period, the increase will not be effective until the first month following submission of the advancement verification.

For all students:

3. The verifying signature may be obtained from the Graduate Assistant. You do not need any other signatures.
4. It is the student's responsibility to inform his/her hiring unit of any changes to the student's status, such as withdrawal, filing fee, or completion of degree. Failure to do so may result in retroactive forfeiture of salary.
5. Salary increases will not be retroactive, so please return this form to your hiring unit as soon as possible.
6. Your initials on this line indicate that you have read the above conditions. \_\_\_\_\_

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(Please Print): \_\_\_\_\_  
 Last/Family Name                      First Name                      Initial

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street                                      City                                      State                                      Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate his/her salary increase effective date: \_\_\_\_\_

Academic Department: CE      ME      NE      EE      CS      MSE      BIOE      Other: \_\_\_\_\_

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Signature of Student                      Date                      Signature of Graduate Matters Officer                      Date