

# Neuroscience Graduate Program Student Support Statement

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Cohort Year: \_\_\_\_\_ Advisor Name: \_\_\_\_\_  
Requested Semester and Year: \_\_\_\_\_

How do you expect to be funded? (Select one)

Teaching Assistant

Indicate NSCI or BISC preference:

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

Out of Department: \_\_\_\_\_

Research Assistant

Indicate funding account and source below:

**Account Number (Do not leave blank):** \_\_\_\_\_

**Federal:**

OR

**Non-Federal:**

NIH only

Institutional

HHS other than NIH

Other U.S. Sources

NSF

Non-U.S. Sources

Dept. of Defense

NASA

Dept. of Energy

Dept. of Agriculture

Other Fed. Sources

Fellowship (Please specify): \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Return your signed form to Deanna Solorzano (dsolorza@usc.edu) no later than the dates listed below for each semester:***

Fall semester support forms due May 1<sup>st</sup>

Spring semester support forms due October 15th

Summer semester support forms due March 15th

Changes made *after* these dates must be made in writing and approved by the Graduate Programs Manager, Dawn Burke.