

# California Sea Grant College Program - Graduate Traineeship Appointment Form

New Trainee    Continuing Trainee    Changes

Fax Form to CA Sea Grant: (858) 534-2231

## Trainee Information

**Name of Trainee (Last, First, MI):** \_\_\_\_\_

**Trainee ID#:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Sex:**  F  M

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**U.S. Citizen:**  Yes  No

**Email:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Visa Type:** \_\_\_\_\_

**Projected**

**Name of Institution or School  
(Most recent first)**

**Major Field of Study**

**Mo. & Yr. Attended  
From - To Dates**

**Projected Degree  
(if any)**

**Projected  
Mo. & Yr. of  
Degree or  
Degree Acquired**

Name of Institution or School (Most recent first)	Major Field of Study	Mo. & Yr. Attended From - To Dates	Projected Degree (if any)	Projected Mo. & Yr. of Degree or Degree Acquired

## Traineeship Information

**Project Leader:** \_\_\_\_\_

**Project #:** \_\_\_\_\_

**Year of Project:** \_\_\_\_\_

**Account/Fund #:** \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_

**Dates of Traineeship:** \_\_\_\_\_

**Stipend Amount Per Month:** \_\_\_\_\_

**Fee Amounts Per Quarter/Semester:** \_\_\_\_\_

## Signatures

I certify that I have read the "Sea Grant Research Trainee Guidelines". I certify that during the period of this appointment I will not accept any other educational benefit from the U.S. Government. I understand that I am required to submit a report at the end of the traineeship period and to complete and return all Education Report materials for a period of five years following the completion of my traineeship. I understand that I am required to keep the California Sea Grant Office informed of my current address, occupation, responsibilities and salary ranges. I understand that I shall receive a copy of this appointment form.

Trainee: \_\_\_\_\_

Date: \_\_\_\_\_

This trainee is qualified for the proposed training and is eligible to receive financial support from this grant for the period specified above. A copy of this appointment form will be given to the trainee.

A copy of the Sea Grant Research Trainee Guidelines has been given to the trainee. (Project Leader's Initials) \_\_\_\_\_

Project Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Dean of Graduate Studies: \_\_\_\_\_

Date: \_\_\_\_\_

California Sea Grant Office: \_\_\_\_\_

Date: \_\_\_\_\_

## Comments