



STUDENT RESEARCH STIPEND CONTRACT

PAYEE INFORMATION (Student must complete this section)		
Student Name:	Date:	
Kean ID:	Phone Number:	
Kean Email:		
Street Address:		
City:	State:	Zip:
Have you ever been employed at Kean? Yes No		

DESCRIPTION (PI/ Faculty Advisor must complete this section)	
Award type: (e.g. SpF, UFRI, FSG) _____	
for the _____	semester.

PAYMENT DETAILS (PI/ Faculty Advisor must complete this section)
Total Stipend amount to be paid: \$ _____
Amount to be paid per pay period: \$ _____
Pay Period in which to begin payments (see payroll schedule): _____

FUNDING INFORMATION (PI/ Faculty Advisor must complete this section)		
Fund #: _____	Cost Center #: _____	Object Code #: _____

All approvals must be obtained before the form is submitted to ORSP.

APPROVALS	
1. PD/PI:	Date:
Print Name:	Date:
2. Dean:	Date:
Print Name:	Date:
3. ORSP:	Date:
Print Name:	Date: