

Lakehead University, Office of Graduate Studies

**FUNDING RECOMMENDATION**

**Academic Year: FALL 2025**

This form is initiated by the Graduate Coordinator/Chair. Once completed should be submitted to the Faculty of Graduate Studies. **One form per student ANY additions to the form must be made on the same form.**

Name:	Program:
Masters	Student Number:
Doctoral	Email Address:
Program Year: 1    2    3    4	Campus: TB    OR    DOMESTIC    INTERNATIONAL

**GRADUATE ASSISTANTSHIP:**

Fall/Winter    Fall    Winter    Amount \$ \_\_\_\_\_

Position ID (for HR Use)	
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International PhD Budget Code (if applicable): \_\_\_\_\_

**SCHOLARSHIPS, BURSARIES & AWARDS: (shaded areas to be completed by Graduate Studies Office)**

Name of Award:	Amount \$	Date Awarded	Award Code
Breakdown of Payments / per Term	Sept - Dec 2025	Jan - Apr 2026	May - Aug 2026
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Breakdown of Payments / per Term	Sept - Dec 2025	Jan - Apr 2026	May - Aug 2026

**FACULTY RESEARCH AWARD (to be completed by the Grant Holder):**

**NOTE – End date not to exceed August 31<sup>st</sup> of relevant academic school year**

Name of Grant Holder	Amount \$	For Funds Added at a Later Date: Amount: _____ Initials: _____ Date: _____	
Budget Code	Source of Funding	Start Date of Payment	Last Date of Payment
Signature of Grant Holder & Date	Second Signature (if required) & Date		
Breakdown of Payments / per Term	Sept - Dec 2025	Jan - Apr 2026	May - Aug 2026

*I have signed a contract with an external funder other than the Tri-Council (please check appropriate box):*  
 YES                      NO

*If yes, check here to signify that you have communicated to the student the terms of the contract that relate specifically to the student, and that the student has agreed to those terms:*

YES

\_\_\_\_\_  
Graduate Coordinator                      Date

\_\_\_\_\_  
Graduate Funding Officer                      Date

\_\_\_\_\_  
Office of Financial Services                      Date

\_\_\_\_\_  
Human Resources Officer                      Date

<b>For Office Use Only</b>
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