

## External Award Request Form

**To the student:** Complete this form and have your Program Executive Officer sign it. Please return via email to both the Office of the Provost ([aellis@gc.cuny.edu](mailto:aellis@gc.cuny.edu) and [rmaldonado@gc.cuny.edu](mailto:rmaldonado@gc.cuny.edu)) and the Office of Fellowships and Financial Aid ([financialaid@gc.cuny.edu](mailto:financialaid@gc.cuny.edu)) along with a copy of your award letter from the external funding agency. Read [the Graduate Center External Award Top-Up Policy](#) for details and contact the office of the provost with questions.

**Date:**

**Name:**

**Program:**

**Email (Graduate Center):**

**Employee ID:**

**Year of Admission:**

**Doctoral Level:**

**Check the Fellowship you have:**

Please note that policies vary depending on your fellowship, see the [External Award Policy](#) for details.

**Graduate Center Fellowship (GCF) \_\_\_\_\_**

**Provost's Enhancement Fellowship (PE) \_\_\_\_\_**

**Mathematics Fellowship (MF) \_\_\_\_\_**

**Humanities Fellowship (HF) \_\_\_\_\_**

**Neuroscience Fellowship (NF) \_\_\_\_\_**

**CUNY Science Scholarship (CSS) \_\_\_\_\_**

**Tuition Fellowship (TF) \_\_\_\_\_**

**Science Fellowship (SF) \_\_\_\_\_**

### External Award Top-Up

A “top-up” refers to keeping your external award, while receiving a supplemental stipend from the Graduate Center in place of your regular 5-year award funding. **Please submit your award letter from the external funding agency along with this form.**

**Semester(s) of requested top-up:**

**Semster(s)**      **Fall**                      **Spring**

**Year(s)**

**Name of external award/funding agency:**

**Amount and duration of external award:**

#### Terms of Top-up

My external award is at least \$12,000 annually; I am accepting the external award and will receive from the Graduate Center, in lieu of my regular annual stipend, a supplement (top-up) to the external award to a maximum combined award of \$5,000 over the annual stipend of my CUNY Graduate Center fellowship. I will be released from my normal fellowship service for the time that I hold the external fellowship. As part of the supplement, I will be awarded a Graduate Assistantship D, with limited service to be arranged by my Executive Officer. I will receive full tuition and will be eligible for NYSHIP health insurance. All years in which a top-up is provided are counted as part of the five years of my Graduate Center funding. (see [external award policy](#))

**I agree to the terms of the fellowship top-up stated above**

**Yes**                      **No**

**Signature (electronic):**

**Date:**

---

**Approval:**

**Signature of Executive Officer (electronic):**

**Date:**