

**Department of Anthropology | Stanford University
Doctoral Request for Incidental or Discretionary Funding**

STUDENT INFORMATION

Student Name	SUID#
Email	Telephone
Faculty Advisor	Graduation Quarter/Year
PhD Degree Program and PhD Minor (if any)	Department/Program

PETITION REQUEST (Check one box)

- Incidental (taken in year one through five for qualified training and research-related expenses)
- Discretionary (taken in year six and beyond for qualified professional and job-related expenses)

ELIGIBILITY

- Currently matriculating with good degree progress
- Pre candidate or current candidate
- Qualified approval by the Program Advisor
- Availability of Department funds

Purpose:

[The purpose should explain the following information. Who was involved ? What was the activity? When did the activity occur? Where did the activity take place? And, how was the activity related to the student’s degree program (i.e. I purchased books on 12 December 2012 at the Stanford Bookstore for the purpose of my predissertation research and pre candidacy coursework)]

I certify that the expenses:

[Please photocopy receipts and attach to this form. Expenses under \$75.00 do not require a receipt]

- Directly support a faculty member project or research program
- Are related to substantive conference participation (a photocopy of the program indicating the speaker/presenter/other required) [Please provide links to the conference and schedule detailing the talk, panel or presentation]
- Are an integral part of this the student degree program and research (doesn’t apply to post docs)
- Are directly related to student employment at Stanford University

Student Signature _____ Date _____

FACULTY ADVISOR Certification of an Allowable Expense

Name	Signature	Date
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Detail for Advisor support (to be provided by the Advisor):

Submit completed form and all supporting statements/documentation to the Student Services Officer (50-51G) via scanned email file attachment (.pdf).

OFFICE USE ONLY: Approved Denied

Graduate Committee Chair or Representative:

Name	Signature	Date
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