**All stipends must be requested and approved in advance**

Please complete and return to the appropriate PCR processor for your college via email.

Stipend requested by**:**

Department/School**:**

Student Name**:**       Texas State ID**:**

Current assignment and FTE**:**

Supervisor requesting stipend payment**:**

Detailed description of duties to be performed for stipend payment**:**

Time frame for completion of work**:**

Number of hours per day the student will be assigned for this stipend**:**

Total stipend requested (one-time or recurring) **:**

Stipend funding source (cost center and fund) **:**

Student’s assignment and FTE during the period the work is to be performed**:**

**STIPENDS CANNOT BE PAID IN LIEU OF ADDITIONAL ASSIGNED FTE.**