

Participant Agreement and Payment Request Form

Participants are paid a stipend semi-monthly through accounts payable. Complete all applicable fields.

When submitting this form for payment, please include ([Direct Deposit](#), [W-9 \(if req'd\)](#), [Determination of Citizenship form](#))

Name: _____ **Email:** _____

RIT Student Non-RIT Student RIT Faculty/Staff **UID:** _____

Status: US Citizen or Permanent Resident/Green Card Holder OR Non-US Citizen

NOTE: US Citizenship/permanent residence may be req'd to be eligible to participate in certain programs (e.g. REU, LSAMP, McNair).

Current RIT Student Employees Only:

I give RIT Accounts Payable permission to access my Payroll Direct Deposit information currently on file.

Program/Project Name & ID: _____

Academic Term: _____ **Other: Start:** _____ **End:** _____

I understand the following **Program Requirements** (required):

As a participant of the program I understand the following **additional requirements** and confirm:

I will notify my mentor or program contact if I withdraw from the program for any reason, and I understand any future stipends and another other support received under this program will cease.

I understand the stipend and any other support received through this program is taxable income and will be report to the IRS annually as follows: **Non-Resident Alien Participant:** May be subject to 14% withholding based upon tax treat and reported on Form 1042-S. **All Other Participants:** No withholding, reported on Form 1099 (if payments total \$600 or more in a calendar year).

Current RIT Students:

I understand that stipends/subsistence allowances received under federal programs to offset educational expenses may affect other financial aid that is currently part of my financial aid award. The Office of Financial Aid and Scholarships will make that determination consistent with their published policy regarding outside scholarships and will notify me if there are any changes to my award.

I am a student in good standing and enrolled in a degree program at RIT.

Payment Details

Stipend Amount: _____

Fall/Spring = 8 payments; Summer = 6 payments

Off-Campus Housing/Meals: _____

Pay Per Period: _____

Amounts must adhere to any sponsor limitations

Total Payment Amount: _____

Participant Signature: _____ **Date:** _____

PI/Approver Name (print): _____ **Date:** _____

PI/Approver Signature: _____ **Date:** _____

SPA Signature (if applicable): _____ **Date:** _____

Dept. Contact (print): _____ **Ext:** _____