University of Houston Department of Mathematics

Program Participation Agreement and Request

This is an agreement that **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Participant) will be participating in **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Description of work) for during the period of **\_\_\_\_\_\_\_\_\_** (dates) under the supervision of (Supervisor).

For your participation, you will receive a stipend of $ for fulfilling the responsibilities and duties as disclosed and outlined in the Program and for milestones set by your Supervisor.

* Participant understands that in order receive a stipend for participation; I must not owe debt to the University of Houston or the State of Texas.
* Participant, please check one box:

🞏⁬ I will be working at the University of Houston during a part of this program.

🞏⁬ I will not be working at the University of Houston during any part of this program.

* Disbursement of your stipend will be made following the receipt of your fully completed non-resident alien form, vendor coversheet, direct deposit setup form, and W-9 or W-8 BEN (dependent on your citizenship).
* Participant understands that this agreement is effective only after approval of the “Administrator” below.
* A copy will be supplied to all parties involved upon execution of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant approval to terms listed above Last 4 Digits SSN Date

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY Speed type: \_\_\_\_\_\_\_\_\_\_\_\_

No Financial Hold with UH date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_

Vendor not on hold (<http://ecpa.cpa.state.tx.us/vendor/tpsearch1.html>): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_

Administrator approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_