



Biomedical Graduate Studies

BGS Permission for Additional Training and Compensation

TO: BGS Central Office – 160 BRB ~ Attention Colleen Dunn ~ [dunncoll@penmedicine.upenn](mailto:dunncoll@penmedicine.upenn) ~ 215-898-2792

From: \_\_\_\_\_ PennID# \_\_\_\_\_ Date: \_\_\_\_\_  
Student Printed Name and Graduate Group

I am requesting BGS approval for additional training and compensation for the following activity:

Activity \_\_\_\_\_  
Semester: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor name and email: \_\_\_\_\_

Paying Department/School and Payroll contact name and email: \_\_\_\_\_

*(BGS must have this information in order to ensure you are paid)*

26 Digit Budget Code if known: \_\_\_\_\_

I expect to work approximately \_\_\_\_\_ hours per week for a total of approximately \_\_\_\_\_ hours for the semester  
I expect to be paid \$\_\_\_\_\_ for the semester for this activity

*I am confident this additional activity will not negatively impact my academic work. **I understand I must submit this form to BGS for approval before I start the activity.***

• Description of responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Justification of how this activity will further your training as a BGS student:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Have you been a TA or received approval for any other paid training activity prior to this? If so, please list the activity and semester approved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures: (BGS will obtain BGS Director approval if service is greater than 100 hours)**

Student name \_\_\_\_\_ Student Signature \_\_\_\_\_

Advisor name \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Graduate Group Chair name \_\_\_\_\_ Grad Group Chair Signaure \_\_\_\_\_

Please email the form to Colleen Dunn ([dunncoll@penmedicine.upenn.edu](mailto:dunncoll@penmedicine.upenn.edu)) after you have filled it out completely and have obtained the required signatures (electronic signatures are fine). BGS will approve as appropriate and email you a copy of this form for your records and to submit to supervisor or paying department as may be required.