

## Tuition Benefit Guaranteed Support Form

Complete this form to certify that the department/PI commits to continue the student stipend and insurance subsidy at the required levels during the requested TBP extension period. Include this document with the petition request and the Completion Plan. The Completion Plan documents a meeting between the student and the supervisory committee and the agreed-upon graduation requirements and graduation milestones.

### Student Information

Student UID \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Department \_\_\_\_\_

By signing, I certify that the department/PI commits to continue the student stipend and insurance subsidy at the required levels during the requested TBP extension.

### Director of Graduate Studies

Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Chair/PI

Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_