



BROWN Graduate School *Forms*

Brown University
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HEALTH INSURANCE SUBSIDY APPLICATION

STUDENT NAME: _____

STUDENT ENTRY YEAR: _____

SIS ID NUMBER: _____

CONTACT EMAIL: _____

CAMPUS BOX: _____

DEPARTMENT: _____

FOR ACADEMIC YEAR: _____

PREVIOUS SUPPORT						
	Univ. Fellowship	TA	RA	TF	Outside Fellowship	Other
Year 1						_____
Year 2						_____
Year 3						_____
Year 4						_____
Year 5						_____

STATUS/SUPPORT DURING SUBSIDY PERIOD

TRAVELING SCHOLAR (a copy of your approved Traveling Scholar request must accompany this application)

EXTERNAL FUNDING (please give details of support in space below and attach a copy of the official award letter detailing the terms and conditions of your scholarship or grant)

OTHER (please explain in space below)

NOTE: DOCTORAL STUDENTS RECEIVING FULL FINANCIAL SUPPORT FROM THE UNIVERSITY AUTOMATICALLY QUALIFY FOR A HEALTH INSURANCE SUBSIDY. THIS FORM IS FOR TRAVELING SCHOLARS AND STUDENTS WHO HAVE RECEIVED FUNDING FROM EXTERNAL GRANTS OR AGENCIES.

Student

Date

Graduate School

Date