

## TIGP-INS Attendance Confirmation for Stipend

According to stipend regulation of TIGP-INS program, students are required to submit advisors' or rotation lab heads' consent to TIGP-INS office before the beginning of every month for receiving the monthly stipend payment.

\*If you have further inquiry, please feel free to contact TIGP-INS office [tigpins@gate.sinica.edu.tw](mailto:tigpins@gate.sinica.edu.tw) or 27873282.

**Please return this form monthly. For the stipend of September, please return it on October 1<sup>st</sup>.**

I confirm that the student's attendance in my lab reaches satisfactory level.

He/She is eligible for receiving the monthly stipend of \_\_\_\_\_ , \_\_\_\_\_ .  
(year)

Student's Signature \_\_\_\_\_

PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the student's attendance in my lab reaches satisfactory level.

He/She is eligible for receiving the monthly stipend of \_\_\_\_\_ , \_\_\_\_\_ .  
(month) (year)

Student's Signature \_\_\_\_\_

PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the student's attendance in my lab reaches satisfactory level.

He/She is eligible for receiving the monthly stipend of \_\_\_\_\_ , \_\_\_\_\_ .  
(month) (year)

Student's Signature \_\_\_\_\_

PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the student's attendance in my lab reaches satisfactory level.

He/She is eligible for receiving the monthly stipend of \_\_\_\_\_ , \_\_\_\_\_ .  
(month) (year)

Student's Signature \_\_\_\_\_

PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_