



UNIVERSITY OF CALGARY

Faculty of Veterinary Medicine Student Payment Form

Personal Details (Please Note: Contact information changes are required to be made by the student online)

Student ID: [redacted]

Program: [redacted] First Name: [redacted] Last Name: [redacted]

SIN\*: [redacted] Expiry Date: [redacted]

Citizenship: [ ] Canadian [ ] Other (Specify):

(Required only for Foreign Nationals) Permit/Visa Type: [dropdown] Permit/Visa #: [redacted]

Issue Date: [redacted] Expiry Date: [redacted]

\* New students must scan and email copy of SIN card and valid student permit to vmgrad@ucalgary.ca

Payment Type: [ ] Initial Set Up [ ] Accounting Change [ ] Extension [ ] Compensation Change
Payment From: [ ] Operating Fund (Fund 10 or 11) [ ] Project Account (Fund 60 or 70)

Table with columns: Start Date, End Date, Supervisor/Budget Owner, Chart Fields (Fnd, Dept ID, Account Code, Internal/Project Account, Activity), Total Comp., Comments. Row 1 is highlighted in yellow.

EMAIL COMPLETED FORM TO vmgrad@ucalgary.ca
Please ensure you save a copy of the completed form to your computer prior to emailing.

This information is collected under the authority of the Freedom of Information Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact the Human Resources office at (403) 220-5932.