

Request to have Graduate Assistantship Documents Sent to Department

Western Illinois University
School of Graduate Studies

WIU ID No.: _____
(For security purposes do not enter Social Security number)

Name: _____

School address: _____
Street City State Zip

School phone: _____ Email: _____

*Name of individual receiving documents: _____

Name of department in which above individual is located: _____

Please send the following: (check all that apply)

- ___ Graduate Assistantship Application
- ___ Personal Goals Statement
- ___ Recommendation from _____
- ___ Recommendation from _____
- ___ Recommendation from _____


Signature: _____ Date: _____

All requests will be processed within two business days from date of request. **Only information available in the file at the time of retrieval will be sent.** No requests will be held for additional information to be added.

___ Yes, I approve student's request to have documents sent to me.

* _____ Date: _____
Signature of individual receiving documents

Form will not be processed without above signature.

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