Western Illinois University School of Graduate Studies

Graduate/Research/Teaching Support Assistantship Contract Request

Budget number: Date of Request:

Name of student: WIU ID number:

Graduate program:

Type of appointment: ____ Graduate Assistant ____ Research Assistant ____ Teaching Support Assistant ____ Intern (Peace Corps)

Stipend per month:

Number of work hours per week: __ 20 hours (full-time) __ 13 hours (2/3 time) __ Other: _____%

Employment period: __ Fall semester __ Spring semester __ Summer session

If a fall/spring contract request is submitted on or after the first day of the semester or is for less than 4-months, a justification for the contract and request for tuition waiver must be attached and are subject to approval by the Director of Graduate Studies.

Please indicate specific begin and end dates, **if not** working from start of semester to end of semester:

From: To:
From: To:

List duties of position (be specific) and indicate percentage of time assigned to each duty. (Total should equal 100%):

Name of supervisor:

Name of alternate supervisor (must be different individual than above):

Telephone directory information

Work address (Building/Room No./Office name):
Work telephone number:
Work department budget number **if different** than budget department:

Fiscal agent (signature required): _____

Reset

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