

Western Illinois University School of Graduate Studies  
**Teaching Assistant Contract Request**

Budget number:

Date of Request:

Name of student:

WIU ID number:

Graduate program:

Stipend per month:

Credit hour teaching assignment per semester:

Fall: \_\_\_ 1-4 s.h. (part-time)  
      \_\_\_ 5-6 s.h. (full-time)

Spring: \_\_\_ 1-4 s.h.  
          \_\_\_ 5-6 s.h.

Summer: \_\_\_ 1-4 s.h.  
          \_\_\_ 5-6 s.h.

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 teaching assignment course name, number, section and hours:**

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 **if different** than budget department:

Since the work assignment involves classroom instruction, please certify the following:

The candidate's oral English proficiency has been evaluated at this time and meets established standards.

\_\_\_ Yes \_\_\_ No

If oral English proficiency has not been evaluated at this time, written certification must be received in the Graduate School prior to the contract start date.

Certified by: \_\_\_\_\_ (Department Chair)

Fiscal agent (signature required): \_\_\_\_\_

**Western Illinois University School of Graduate Studies**  
1 University Circle, Macomb, IL 61455-1390, Phone (309)298-1806; Fax (309)298-2345  
Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)