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:

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.

| Fall: | \_\_\_1-4 s.h. (part-time) | Spring: | \_\_\_1-4 s.h. | Summer: | \_\_\_1-4 s.h. |
| --- | --- | --- | --- | --- | --- |
|  | \_\_\_5-6 s.h. (full-time) |  | \_\_\_5-6 s.h. |  | \_\_\_5-6 s.h. |

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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