ASSISTANTSHIP/FELLOWSHIP AUTHORIZATION FOR GRADUATE STUDENT

Please return to Graduate Office (Mineral Industries Building, Room 235, phone 2493)

Student_____ Colleague ID: _____
First name Family name

_____ MS

Student's academic department or program:_____ _____ PhD

CHECK ONLY ONE – Graduate Teaching Assistant, Graduate Research Assistant or Fellowship

___ GTA – Instructor of record* ___ GRA

____ GTA - Lab Assistant ** ___ Fellowship & Flshp. Name_____

___ GTA – Grader *** __ *Working Flshp (Payroll) or* __ *Non-Working Flshp (Financial Aid)*

*Instructor of Record: Actual course instructor, including lab courses. Accountable to Department Chair

** Lab Assistant: Assists instructors, but isn't responsible for actual instruction in the lab class.

***Grader: Provides academic and instructional support outside of teaching and lab assistance

CHECK ONLY ONE

___ New offer ___ Additional offer (explain in "Comments") ___ Replacement offer (explain in "Comments")

___Offer Withdrawn (explain in "Comments")

CHECK ONLY ONE (Please complete one form for each semester funded.)

___ Fall Semester 200____ ___ Spring Semester 200 ____

___ Other and/or Summer (Start date _____ End date _____)

STIPEND AMOUNT: $_____

ACCOUNT NUMBER: _____

(Do not enter an account number for GTA allocations, release, or salvage money but identify those cases in "Comments.")

Is teaching assistantship from GTA allocation? ___ Yes ___ No (If no, identify sources in "Comments")

Does this Offer/Award provide for Reduced Tuition?

____Yes (Student receives minimum stipend and is registered for 9 credits Fall/Spring or 2 credits during Summer Session)

____No (If no, please explain in "Comments" below.)

Comments:

_____

Departmental Authorization: _____
Signature printed/typed name Department date

Student funded by which department/program/office, etc: _____

___GPA 3.0 ___Res ___Alum ____FT ___Rd Tuition ___*C/SPA to Dept* __ < from Student __ < from Dept ___ BSS ___ Excel ___GONE

GE 05/07