

Assignment Verification Form - GTA/GRA/GA

This form is to be used for Graduate Student Assistants (GTA/GRA/GA) who have been contracted for multiple-term assignments or whose assignments have been revised. This form must be on file with the college graduate office by the end of the first week of classes.

Stude	nt Information	on:					
Name:				PID:			
Depa	artment or Pro	ogram:					
Assis	stantship Pos	ition Title and C	ode:				
Thie i	e the etuden	t'e accianment	for:				
11115	This is the student's assignment f Fall (year)		Spring	Summer ear)	(year)		
GTA Assignment:				GRA/GA Assigni	GRA/GA Assignment:		
C	ourse Prefix	Number	Section				
Г-	Faculty and aminant			Faculty Companyis	on EMDI .		
	Faculty supervisor:			Faculty Supervisor EMPL:			
Notes:							
Appro	oval Signatu	res					
Student Signature:					Date:		
ottuent orginature.					Date.		
Department Chair:					Date:		
College Approval:					Date:		