

Assistant's Request for Reappointment

Please submit completed form to the GA Office in PAC 518.

Name: _____	Date: _____
UIN: _____	Current Semester/Year: _____
Academic Degree Program: _____	Academic Advisor: _____
Semester/Year I began the Assistantship Program: _____	Semester/Year of Graduation: _____
# of Hours Completed toward Graduate Program: _____ (provide total number of hours as of the end of the spring term)	# of Hours Remaining in Program: _____
Assistant's email address: _____	Assistant's phone #: _____

Please list any skills/knowledge acquired since you initially applied for an assistantship:

Assistant's Statement (please check one):

____ I have completed the first year of my assistantship and wish to be reappointed for the next academic year. I plan to graduate at the end of the _____ semester.

____ I have completed the second year of my assistantship and am requesting an extension of my appointment beyond the standard four-semester limit. The additional required petition and degree plan are attached.

____ I do not wish to be reappointed to my current assistantship position for the next academic year, for the following reasons (e.g., graduation, etc.):

Signature of Graduate Assistant

Date

Graduate Assistantship Office Approval

Signature of Graduate Assistantship Office

Date