

Western Illinois University, School of Graduate Studies
Graduate/Research Assistantship Contract Request

Budget Number:

Date of Request:

Name of Student:

WIU ID Number:

Citizen of:

Graduate Major:

Mailing address for contract:

Type of Appointment: Graduate Assistant Research Assistant Intern

Stipend per month:

Number of work hours per week: 20 hours (full-time)
 13 hours (2/3 time)
 Other _____%

Employment period: Fall Semester Spring Semester Summer Session

Please indicate specific begin and end dates, if not working from start of semester to end of semester:

From _____ to _____

From _____ to _____

Describe work assignment (Please be specific):

Name of Supervisor:

Telephone Directory Information:

Work address (Building/Room No./Office name, if applicable):

Work Telephone Number:

If work department is different than budget department, please enter the work department budget number here:

Fiscal Agent (signature required): _____