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

| Budget number: | Date of Request: |
| --- | --- |
| Name of student: | WIU ID number: |
| Graduate program: |  |

| Type of appointment: | \_\_\_\_ | Graduate Assistant | \_\_\_\_ | Research Assistant |
| --- | --- | --- | --- | --- |
|  | \_\_\_\_ | Teaching Support Assistant | \_\_\_\_ | Intern (Peace Corps) |
|  |  |  |  |  |

Stipend per month:

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.

| 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: |

List duties of position (be specific) and indicate percentage of time assigned to each duty. (Total should equal 100%):

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 budget number **if different** than budget department:

Fiscal agent (signature required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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