

TA/RA & Fellowship Award Form and Authorization

(For graduate students **only**; send TA awards to “**Provost’s Office: Attention Graduate Studies**” by 10th of the month)
 (RA awards/Fellowships should be sent to Research Accounting)

Date Requested: _____ ID# _____ Employee Class: GM

- Male - Female SS# _____

Name: _____ " Address: _____
Last First Middle Street City State Zip code

- Foreign National Visa Status: _____ Country of Citizenship: _____

Dept: _____ Major: _____ - Master - PHD

- **New student** _____ - **Returning student**
 (Semester and Year)

- **Teaching Assistant** - **Research Assistant** - **Fellowship** (student is in year: - 1st - 2nd - 3rd - Other: _____)

- Fall (8/15 to 12/31) - Spring (1/1 to 5/14) - Summer (5/15 to 8/14) Year: _____

Other: Begin Date: _____ End Date: _____

FOAPAL	Department/Grant Name	Percent	Position #	Principal Investigator

Monthly Stipend Amount: \$ _____ **Tuition Credits covered for academic year:** _____

Number of tuition credits must be used within the semester awarded Fall: _____ Spring: _____ Summer: _____

Other Information: _____

Must be completed with ALL Signatures to Human Resources by 18th of the month

Authorization for Research Assistant Position:	Authorization for Teaching Assistant Position:
Principal Investigator Signature _____ Date _____	Department Head Signature _____ Date _____
Research Accounting Office _____ Date _____ (positions funded with soft \$)	Graduate Studies _____ Date _____
Graduate Studies _____ Date _____	Provost’s Office _____ Date _____

 Human Resources Date