## **DEPARTMENT INFORMATION**

The following person is being reco	ommended for the following assigned Gra	aduate Assistantship:
Name: Last	First	Middle
Address:	1 1130	Widdle
Street		Apt.
City	State	Zip Code
Student ID Number:	Home Phone:	Cell Phone:
E-mail Address:	(Mu	ust Use WCSU Email for Core-CT)
Semester: Fall Spring O	ther Year: 20 Grad. Asst. Fi	rst Time Renewal
Position:	Department:	
Student admitted to degree progra	am at WCSU? Yes No Full-Tir	mePart-Time
Stipend (per semester): \$4,800\$2,400	\$1,800\$1,200 Other \$	
Number of work hours per week:	Start Date:	End Date:
First Time GA Appointments attac	ch: Resume	
First Time GA Appointme	nts need to report to Human Resources	to file documentations.
	Dual Employment	
I certify that I am <b><u>not</u></b> an employee o	f another State of Connecticut agency during the	period of this appointment.
I <b>am</b> an employee of	, a State of Connecticut agency dur	ing the period of this appointment.
Student Signature:	Date:	
Dept. Chair or Supervisor Signa	ature:	_ Date:
ACADEMIC	AFFAIRS VERIFICATION	
		BUDGET
Misc. Info		Fund
Information verified for stipend by Academic Affairs: Org		
	Data	Acct
มหาสเนเษ	Date:	 Prog
Title:		Z
Last revised 8/19/2016/Last revised 5/1/2017		