Graduate Assistantship
Employment Termination

This form is to be submitted to the Graduate School when a graduate student resigns or is dismissed from a graduate assistantship prior to completion of contracted hours. The form must be submitted with the signatures of the student and the direct supervisor to the assistantship. It is the responsibility of the employing department and the student to submit this form upon the decision to end the assistantship contract.

Student Name _____

Supervisor Name _____ Department _____

SS # or BANNER ID_____
(SS # and/or BANNER ID is used for payroll verification)

Academic Appointment Period of Contract _____

Original Contract Hours _____

Actual Hours Completed _____

Date of Termination _____

Reason for termination

Attach any additional documentation as necessary.

_____ _____
Student Signature Date

_____ _____
Signature of Supervisor Date