

Western Illinois University School of Graduate Studies
Teaching Assistant Contract Request

Budget number:

Date of Request:

Name of student:

WIU ID number:

Graduate program

Stipend per month:

Credit hour teaching assignment per semester:

Fall: ___ 14 s.h. (parttime)
 ___ 56 s.h. (fulltime)

Spring: ___ 14 s.h.
 ___ 56 s.h.

Summer: ___ 14 s.h.
 ___ 56 s.h.

If a fall/spring contract request is submitted on or after the first day of the semester for less than 4 months, a justification for the contract and request for tuition waiver must be attached

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

From:

To:

From:

To:

List teaching assignment course name, number, section and hours

Name of supervisor:

Name of alternate supervisor (must be different individual than above):

7 K H F D Q Oral English proficiency has been evaluated at this time and meets established standards.

___ Yes ___ No

If oral English proficiency has not been evaluated at this time, written certification must be received in the Graduate School prior to the contract start date.

Certified by: _____ (Department Chair)

Fiscal agent (signature required): _____

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