## **Graduate Assistantship Offer**

## This form must be signed and returned.

Student Name:		
Address:		
City, State, Zip:		
Please confirm our Graduate Assis for the following dates (semesters)	-	epartment of
	home page for distrib holdings for federal in	
This offer is contingent upon verific Your appointment carries the expensional assistantship duties and graduate satisfactory performance in course	ectation that you will de studies. Continuation	vote full time to the combination of of your appointment will require
***CRITICAL INFORMATION***		
receive your written response as mandatory new employee orient unless this is handled in a timel employee orientation on or befo	ccepting this appoint tation session. You v y manner. You shou tre your first workday nent may impact you	vill not receive a payroll check do attend the mandatory new some series attend orientation on or health insurance benefits. Please
This offer will be automatically withdrawn should you fail to report for duty at the beginning of the semester or summer session indicated above.		
As soon as possible, please indica Assistant appointment.	ite below your accepta	nce or refusal of the Graduate
Please return to:		
Department: Address:		
☐ I accept	☐ I do not accept	
Print Student Name	Signature	 Date