



RECOMMENDATION FOR RESEARCH ASSISTANTSHIP

Dear Faculty,

Please complete the necessary information for Parts I & II, then return this form to your Grant Coordinator by the specified deadline. Fall and Spring appointments are normally processed together. Summer appointments are processed separately.

PART I. FACULTY RECOMMENDATION

Name of Student: Last _____ First _____

GPA: _____ Has the student passed the ECE PhD qualifying exam? _____
Has the student passed the ECE PhD preliminary exam? _____

Semesters to be appointed: Fall _____ Spring _____
Year Year

Summer _____ / _____ Begin _____ End _____
Year and # of months

Percentage of time _____ Account to be charged: _____

Faculty Name, Signature and Date

Account Approved by and Date

PART II. STUDENT INFORMATION

UIN # _____ Degree seeking: MS or PhD (circle one)

E-mail address (very important): _____ Phone #: _____

Home Address: _____

City : _____ State _____ Zip Code _____

During the last year, were you ever appointed as a research or teaching assistant in this or another department? ____ If yes, please indicate your home dept: ____ If no, student must see Graduate Coordinator in Room 900 SEO to complete appropriate forms by deadline.

FOR OFFICE USE ONLY

Monthly Salary: _____ Annual Salary (based on 9 months): _____

of Months: _____ Amount for this Period (rate x months)*: _____

*Partial months are calculated using a daily rate based on the number of working days in the payperiod