

COLLEGE *of* EDUCATION

GRADUATE ASSISTANT CHANGE FORM

STUDENT NAME: _____ STUDENT ID: _____

TA RA COMBO

Start Date: _____ End Date: _____ FTE _____

Stipend Amount: _____

End Date Change

Job Code Change

Stipend Amount Change

FTE Change

Termination

Modification of Duties (if applicable): _____

Additional Comments: _____

*PI/Department Head Signature

Date

Financial Signature

Date

***Based on Funding Type**