

Western Illinois University School of Graduate Studies
Teaching Assistant Contract Request

Budget number:

Date of Request:

Name of student:

WIU ID number:

Citizen of:

Graduate major:

Credit hour teaching assignment per semester:

Fall: ___ 1-4 s.h. (part-time)
 ___ 5-6 s.h. (full-time)

Spring: ___ 1-4 s.h.
 ___ 5-6 s.h.

Summer: ___ 1-4 s.h.
 ___ 5-6 s.h.

*If a fall/spring contract request is for less than 4-months, a justification must be attached and will require review and consideration of the Director of Graduate School.

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

From:

To:

From:

To:

Stipend per month:

List teaching assignment course name, number, section and hours:

Name of supervisor:

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

Telephone directory information:

Work address (building/room no./office name, if applicable):

Work telephone number:

If work department is different than budget department, please enter the work department budget number here:

Since the work assignment involves classroom instruction, please certify the following:

The candidate's 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): _____

Western Illinois University School of Graduate Studies

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