Research Assistantship recommendation form

Complete the top part of the form and return to your grant manager by the specified deadline date for each semester.

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| **Student Information:**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIC Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: MS [ ]  PhD [ ]  Home department if non-CS student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If PhD, has the student passed the qualifier: Yes [ ]  No [ ] Will the student hold a concurrent appointment in another department? Yes [ ]  No [ ] If, department name and contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Appointment Information:**Semester to be appointed: Fall \_\_\_\_\_\_\_\_\_ Spring \_\_\_\_\_\_\_\_\_ Summer \_\_\_\_\_\_\_\_\_\_\_\_  Year Year #of months% percentage of appointment: \_\_\_\_\_\_\_ Account to be charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Name and Signature Date Grant Manager Date |

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| **Additional Information (CS Office Use Only)**Dates of appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Rate: \_\_\_\_\_\_\_\_\_\_\_\_ FTE: \_\_\_\_\_\_\_\_C-FOAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional C-FOAP (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Memo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_New Hire [ ]  |