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 |