

Student's Name:

Street Address:

City/State/Zip:

E-mail Address:

Program Level:

UMID #:

Phone #:

Michigan Resident (i.e., in-state tuition)? Yes No

U.S. Citizen? Yes No

Field of Study:

First Term in Program:

Joint Degree? Yes No Joint Degree:

List all previous GSI/SA/RA appointments (any department):

Hiring Department	Crs #/Faculty	Course Title or Research Project/Topic	Term	Year, e.g., 2013
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PLEASE NOTE: Student must be enrolled and registered for a minimum of 6 graduate level credits during the term of the assistantship.

Appointing faculty to complete the section below: _____

Process a GSRA appointment for this student as indicated:

Appt Fraction %: Term(s): Shortcode #1: Proj/Grant #1:

Appt Fraction %: Term(s): Shortcode #2: Proj/Grant #2:

Is RCRS certification required (NSF, NIH funding sources)? Yes No

Faculty's Name:

Faculty Signature: _____ DATE: _____

Budget Signature: _____ DATE: _____