

Assistantship/Fellowship Verification Form

Student's Name _____ Student ID _____ Date _____

Dear Department,

We need the following information to process immigration documents for the above-named student. Please complete the requested information as applicable and sign the form below. **Please call us at 743-5065 if you have any questions.**

1. Student's job title(s): R.A. T.A. Teaching Fellow Graduate Assistant
 Instructional Assistant Other _____
2. Total FTE for all graduate appointments: _____ %
3. Student is employed by _____ department.
4. Monthly pay is: \$ _____ x _____ months per year for an **annual total of \$** _____.
5. Since R.A. and T.A. contracts/other positions are renewed or continued on an annual or semester basis, do you expect to renew the contract or continue the position if funding is available? Yes No
6. Does this position entitle the student to in-state tuition? Yes No

Section A: Employing Department Signature

Name (Please Print) _____ Title _____
Signature _____ Date _____

Section B: Fellowship Verification by Student's Enrolling Department (Dept. Major)

1. Is this student eligible to receive a Graduate Assistant Tuition Fellowship (GATF) that has been approved by the Office of Graduate and Professional Studies (OGPS)? Yes No

Annual amount of GATF? _____ **Annual Insurance Stipend (if any)** _____

2. Does the student receive any other fellowship or award to supplement tuition and living expenses?

Yes No If yes, indicate type _____ **Annual total: \$** _____

Name (Please print) _____ Title _____

Signature _____ Date _____