

# Request for Termination of Awarded Graduate Assistantship

**Note: If a graduate assistant (GA) is voluntarily resigning, you must include their written notice of resignation with this form**

Student Name:

University ID# (991 or 992)

**Term of appointment:**

Academic Year  Fall Only  Spring Only  Summer

**Graduate Assistant's Last Working Day:**

**Please indicate reason for terminating:**

Voluntary Resignation  Academic Performance  Work Performance

**If academic performance or work performance is selected, please provide a description of the performance issue.**

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home College Dean or Representative Signature

\_\_\_\_\_  
Date

**This form, with all required additional documentation and required signatures, should be retained by the hiring academic college/unit. Copies of this form should be sent to Payroll Office, Financial Aid, and Student Employment electronically once signed by home college designee.**