



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: _____ 991# _____

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/Head or College Dean's Signature

Date

Dean, College of Graduate and Professional Studies Signature

Date

This form, with all required additional documentation and required signatures, should be submitted to the College of Graduate and Professional Studies at ISU-GAInfo@mail.indstate.edu