Recommendation for Termination of Graduate Assistantship

(Includes Graduate Teaching Assistant/Graduate Research Assistant/Graduate Project Assistant)

Name: _____   NSHE ID #: _____

Department/Program: _____

Degree: _____   Started Program (semester/year): _____

Assistantship Term Start Date: _____   End date: _____

I recommend that the assistantship of the above-named student be terminated for the following reasons:

Recommendations:

_____   _____
Recommending Signature and Date   Name and Title

_____   _____
Recommending Dept. Chair/Supervisor Signature and Date   Name and Title

_____   _____
Graduate Program Director's Signature/Date   Name and Title

Approvals:

_____   _____
Recommending Signature/Date   Name and Title

_____   _____
Recommending Signature/Date   Name and Title

Rev: 03/23/2023