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:

_________________________________________________________ Name and Title
  Recommending Signature and Date

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

_________________________________________________________ Name and Title
  Graduate Program Director’s Signature/Date

Approvals:

_________________________________________________________ Name and Title
  Recommending Signature/Date

_________________________________________________________ Name and Title
  Recommending Signature/Date

Rev: 03/23/2023