Graduate Assistant Contract NON-RENEWALS
as of Semester:

Department of: _____

Contact Number: _____

Note: This form is for NON-Renewals only. Please enter the non-renewing graduate assistant's information on the list below.

Name	ID No.	FTE	End Date

Departmental recommendation:
I hereby recommend **non-renewal** for the above graduate assistants.

_____
Preparer

_____
Printed Name & Title

_____
Date

Original to Graduate Division, Spalding Hall 353B
Copy to College or School