Research Assistantship recommendation form

Complete the top part of the form and return to your grant manager by the specified deadline date for each semester.

Student Information:

Last Name: _____ First Name: _____ MI: _____

UIN: _____ UIC Email: _____

Degree: MS   PhD   Home department if non-CS student: _____

If PhD, has the student passed the qualifier: Yes   No

Will the student hold a concurrent appointment in another department? Yes   No
If, department name and contact: _____

Appointment Information:

Semester to be appointed: Fall _____   Spring _____   Summer _____
                                    Year   Year   #of months

% percentage of appointment: _____   Account to be charged: _____

_____   _____
 Faculty Name and Signature   Date   Grant Manager   Date

Additional Information (CS Office Use Only)

Dates of appointment: _____   Monthly Rate: _____   FTE: _____

C-FOAP: _____

Additional C-FOAP (if applicable): _____

Memo: _____

New Hire