

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.

<u>Student Information:</u>			
Last Name: _____		First Name: _____ MI: _____	
UIN: _____		UIC Email: _____ Visa End Date (if applicable): _____	
Degree: MS <input type="checkbox"/>		PhD <input type="checkbox"/> Home department if non-CS student: _____	
If PhD, has the student passed the qualifier: Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Will the student hold a concurrent appointment in another department? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If Yes, department name and contact: _____			
Student Fall RA can only start after student's summer internship ends. If the student has a summer internship that does not end by 8/15th, please provide internship end date _____			
<u>Appointment Information:</u>			
Semester to be appointed: Fall _____		Spring _____ Summer _____	
Year		Year #of months	
% percentage of appointment: _____		Account to be charged: _____	
_____		_____	
Faculty Name and Signature		Grant Manager	
Date		Date	

Additional Information (CS Office Use Only)		
Dates of appointment: _____		Monthly Rate: _____ FTE: _____
C-FOAP: _____		
Additional C-FOAP (if applicable): _____		
Memo: _____		
New Hire <input type="checkbox"/>		