

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Graduate Assistantship Confirmation Form

Student Name:

Student ID Number:

I am pleased to inform you that you have been awarded a graduate assistantship. The details of the appointment can be found below. Please note that the position is contingent on maintaining good academic standing as well as any departmental requirements listed in the comments section below.

Questions regarding your next steps to accept the position can be addressed to the contact person listed below.

Hiring Unit/Program:

Type of Assistantship:

Level of Appointment:

Stipend Amount:

Starting Term:

Duration:

Renewable:

Comments:

Contact Person:

Contact Phone:

Contact Email: