

*The University of Memphis*  
**GRADUATE ASSISTANT TERMINATION FORM**

Today's Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
*(Last Name, First Name, Middle Initial)*

Employed by: \_\_\_\_\_ (Department or Administrative Unit)

**TO BE COMPLETED BY DEPARTMENT OR ADMINISTRATIVE UNIT**

Index Number	ORG	Position Number

Original contract dated from: \_\_\_\_\_ to \_\_\_\_\_

Adjusted contract dated from: \_\_\_\_\_ to \_\_\_\_\_ (New Termination Date)

\_\_\_\_\_  
(Please Print Name Clearly)

\_\_\_\_\_  
Department Chair or Head of Administrative Unit

Date: \_\_\_\_\_

Original forwarded to: Graduate School

Revised: 04/08