

Department of Mechanical Engineering

Graduate Assistant Work Assignment Confirmation

TO STUDENT: Please complete the following information. Students receiving a graduate assistantship or fellowship are required to work a predetermined number of hours a week during your contract period. Details will be provided by a designated faculty member who will oversee your work assignment(s). Please note that the faculty member designated to oversee your work assignment may not be the same faculty member who oversees your academic advising or mentoring. Failure to satisfy your work responsibilities, as outlined by your designated faculty member, may result in the immediate termination of your graduate assistantship. All completed forms must be returned to the Mechanical Engineering Office or directly to Dr. Jeffrey Marchetta no later than Jan. 26th, 2007 with the requested information and signatures.

Name	Social Security Number	Date
Assigned Faculty Member		
Contract Dates	Required work hours per week	
Check one of the following boxes indicating the number of semesters in which you received a graduate assistantship or fellowship excluding the current term. <input type="checkbox"/> 0 (this is my 1 st semester) <input type="checkbox"/> 1 semester <input type="checkbox"/> 2 semesters <input type="checkbox"/> 3 semesters		
Briefly describe your work assignment as outlined by your designated faculty member:		
My signature below indicates that I have met with my designated faculty member and have received my work assignment(s) for the duration of my contract period. I understand that continuation of my graduate assistantship is contingent on my ability to satisfy the work requirements outlined by my designated faculty member.		
STUDENT SIGNATURE _____		DATE _____
My signature below indicates that I have met with my assigned graduate assistant and that he/she has received his/her work assignment(s) for the duration of his/her contract period.		
FACULTY SIGNATURE _____		DATE _____