

Assistantship/Fellowship Verification Form

Student's Name: _____ PS ID: _____ Date _____

Dear Department Staff,

We need the following information to process immigration documents for the above-named student. Please complete the requested information as applicable and sign the form below. **Call us at ext. 35065 if you have any questions.**

1. Student's job title(s): R.A. T.A. Teaching Fellow Graduate Assistant
 Instructional Assistant Other _____
2. Total FTE for all graduate appointments: _____ %
3. Student is employed by: _____
4. Monthly pay is: \$ _____ x _____ months per year (9 months is Fall & Spring, 12 months includes Summer)
Health Insurance Stipend (if any): \$ _____ x _____ months per year.
Total Yearly Pay (Monthly Pay and Insurance Stipend) is: \$ _____.
5. Since R.A. and T.A. contracts and other positions are normally continued on an annual or semester basis, do you expect to renew the contract of the position if funding is available? Yes No
6. Does this position entitle the student for in-state tuition? Yes No

Section A: Employing Department Signature

Name (Please Print) _____ Title _____

Signature _____ Date _____

Section B: Fellowship Verification by Student's Enrolling Department (Dept. Major)

1. Does the student receive a Graduate Tuition Fellowship (GTF) that has been approved by their Academic College? Yes No

Annual amount of GTF? \$ _____

2. Does the student receive any other fellowship, award, or scholarship? Yes No

If yes, indicate type: _____ **Annual total: \$ _____**

Name (Please print): _____ Title _____

Signature _____ Date _____