

Graduate Assistantship Contract Change Form
Please use the termination form if you are terminating a contract.

Student's Name: _____

Banner ID: _____ Email: _____

Assistantship Dept: _____

Person requesting change: _____ Phone: _____

Effective date of change: _____

Description of change/why change?

Check and complete the relevant items:

New Salary: _____

New Hours per week: _____

New FOAP**: Use Grad School Fund OR: Fund: _____

Organization: _____

Account: _____

Position Number: _____

**Signature of approving official for FOAP *if* other than graduate school

Printed Name

Signature

Date