

Stevens Institute of Technology  
REQUEST FOR GRADUATE STUDENT ASSISTANTSHIP APPOINTMENT  
Submit to the Registrar's Office; fax 201-216-8030

Student \_\_\_\_\_  
LAST NAME FIRST NAME

Stevens Institute of Technology ID# \_\_\_\_\_

Department: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Assistantship type: (check one) \_\_\_\_\_ GA \_\_\_\_\_ RA \_\_\_\_\_ TA \_\_\_\_\_ New TA

Dates of Appointment: (check one) \_\_\_\_\_ Fall 07/Spring 08 (Aug.27-May 12) \_\_\_\_\_ Fall 07 (Aug.27-Dec. 21)  
\_\_\_\_\_ Spring 08 (Jan. 15-May 12) \_\_\_\_\_ Summer A (May 13-July 02)  
\_\_\_\_\_ Summer B (July 07-Aug.21)

THIS APPOINTMENT IS: (CHECK ONE)  
\_\_\_\_\_ ORIGINAL REQUEST \_\_\_\_\_ REVISED REQUEST (revisions will supersede any previous request)  
\_\_\_\_\_ ADDITIONAL REQUEST (additions will be added to previous request)

VALUE OF TUITION REMISSION (fill in the dollar amounts for applicable cost covered):

TUITION:

\_\_\_\_\_ CREDITS X \$995 (SOE/ISSA/EMTM) \_\_\_\_\_

\_\_\_\_\_ CREDITS X \$885 (SOTM) \_\_\_\_\_

FEES: (CHECK APPROPRIATE FIELD)

\_\_\_\_\_ REGISTRATION FEE (\$125/semester) \_\_\_\_\_

\_\_\_\_\_ Technology Fee (\$10/credit) \_\_\_\_\_

\_\_\_\_\_ D999 Fee (\$200/semester) \_\_\_\_\_

\_\_\_\_\_ OTHER (please specify i.e. Graduation fee  
Lab fee, etc..) \_\_\_\_\_

**TOTAL TUITION AMOUNT:** \_\_\_\_\_ **Budget Account #:** \_\_\_\_\_

**STIPEND AMOUNT:** \_\_\_\_\_ **Budget Account #:** \_\_\_\_\_  
(If different from above)

**Department Contact Name (PRINT):** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE**

**Principal Investigator/Co PI:** \_\_\_\_\_ **DATE**  
(Research Accounts)

NOTES: \_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
OSR: Stipend _____ Tuition _____	
Date: _____	
Fund Code: _____	
Date: _____	
Graduate Admissions (New Phd.)	
Date: _____	