



Request for Graduate Student Assistantship

Faculty Name: _____

Department: _____

Telephone #: _____ Email: _____

Assistantship Information:

- (i) Description of Assistantship: Describe briefly what the student will be required to do.

- (ii) Benefit to Student: Describe briefly how the student will benefit from the assistantship in the context of their program.

- (iii) Total student hours requested: _____

Faculty Signature: _____ Date: _____

Please submit your completed form to:

Dr. Kim Kienapple
Chair, Graduate Studies Scholarships, Assistantships & Awards Committee
Dean of Graduate Studies
Seton Academic Centre, Room 302

DEADLINE: October 7, 2011 by 4:30 p.m.