TO BE COMPLETED BY DEPARTMENT

1) Date: 

2) Student name: 

3) UTEP ID #: 

4) Program of study: 

5) Type of Assistantship
   - ☐ Teaching Assistant
   - ☐ Research Assistant
   - ☐ Assistant Instructor
   - ☐ Research Associate

6) Department: 

7) Name of faculty offering Assistantship: 

8) Assistantship start date: 

9) Length of appointment (in months): 

10) Gross income/stipend for one academic year (include summer if applicable): $ per year 

11) Is the student eligible for an out-of-state tuition waiver?
    - a. ☐ No
    - b. ☐ Yes

12) Will the department sponsor the student’s UTEP health insurance benefits?
    - a. ☐ No
    - b. ☐ Yes

13) If the student will receive any additional income/stipend/award/scholarship/fellowship, please provide the source and amount per academic year:

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(Department Signature) (Date)