

ITGRADASST amount.
FA Staff Initial: \_\_\_\_\_

## Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Student Name (Last, First)		Student ID Number
202	3-2024 Graduate Assistantship F	orm
Before Stephens College can provide a status each term.	ny graduate assistantship benefits, we req	uire confirmation of your employment
Section A: To b	pe completed by Stephens College Grac	luate Assistant
Degree/Academic Program		
Term Seeking Benefit		
<ul> <li>are the sole responsibility of the</li> <li>If an employee resigns or is terr will continue only until the end of</li> </ul>	esistants will be waived at 100%. All other of student. This includes books, housing, an iminated for any reason from their graduate of the term in which the termination occurred in the state of the term indicated a land immediately.	nd meals. e assistantship, the tuition and fee waiver ed.
Student Signature		Date
I,, am the superv	visor of the individual named above and ap	prove their graduate assistantship for
the term indicated above.		
Supervisor Signature		Date
Supervisor Title		Department
Term Processed: ITGRADASST Amount Added: \$	OR OFFICE OF FINANCIAL AID USE ON	LY
To calculate amount of waiver, look up	tuition and all fee charges in PowerCampu	s. That amount will be the