Graduate Assistantship Contract Cancellation

Student’s Name: ______________________________________________________________________  Banner ID ____________________________

Supervisor: __________________________________________________________________________

Original Term Date: ______________________ New Term Date: ______________________________

Total amount to be paid from contract before cancellation: ________________________________

Reason for Termination: (One must be selected)

_____ Replaced by new revised contract (attached)

_____ Graduated and/or completed degree requirements ahead of schedule

_____ Withdrew and left NMT or reduced class load below full time

_____ Research contract terminated or ran out of funding ahead of schedule

_____ Student failed to perform satisfactorily scholastically

_____ Student failed to perform satisfactorily, as an assistant (must attach performance appraisal with Dean of Graduate Students’ concurrence)

_____ Other (explain in detail, attach a separate sheet if necessary)

Signatures:

Supervisor ___________________________ Date: ______________

Student _______________________________ Date: ______________

Dean of Graduate Studies _________________ Date: ______________

Date received at Payroll ___________________ Date received at student accounts ________________