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)

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Signatures:

Supervisor _________________________________ Date: ______________

Student ______________________________________ Date: ______________

Dean of Graduate Studies ___________________________ Date: ______________

Date received at Payroll ________________ Date received at student accounts _____________