

NOTICE OF GRADUATE ASSISTANT TERMINATION

Name of Graduate Assistant: _____

Mentor: _____

Date of Assignment: (Semester & Year): _____

Date of Termination Consultation: _____

Effective Date of Termination: _____

Reason for termination: _____

Signature of Graduate Assistant

Date

Signature of Mentor

Date

To Be Completed Processed by the Manager of Operations

of Hours Worked to Date: _____ # of Hours Required Per Contract: _____

Processed by: _____ Date: _____

Signature: _____ Date: _____
Director of Admissions, Enrollment, & Student Services

Signature: _____ Date: _____
Operations Manager