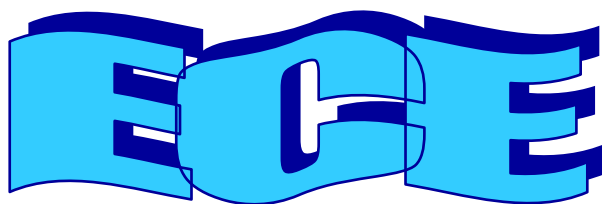


**ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENT USAGE ONLY**



**RECOMMENDATION FOR RESEARCH ASSISTANTSHIP**

Faculty,

Please complete the necessary information for Parts I & II then return this form to your Grant Coordinator by the specified deadline. Fall and Spring appointments are normally processed together. Summer appointments are processed separately.

<b>PART I. FACULTY RECOMMENDATION</b>	
Name of Student: Last _____ First _____	
GPA: _____	Has the student passed the ECE PhD qualifying exam? _____
	Has the student passed the ECE PhD preliminary exam? _____
Semester(s) to be appointed: Fall _____ Spring _____	
	Year _____ Year _____
Summer _____ / _____	Begin _____ End _____
Year and # of months	
Percentage of time _____	Account to be charged: _____
_____	_____
Faculty signature and Date	Account approved by and Date

<b>PART II. STUDENT INFORMATION</b>	
UIN # _____	Degree seeking: MS or PhD (circle one)
E-mail address (very important): _____	Phone #: _____
Home Address: _____	
City : _____	State _____ Zip Code _____
During the last year, were you ever appointed as a research or teaching assistant in this or another department? ____ If yes, please indicated your home dept: ____ If no, student must see Graduate Coordinator in Room 900 SEO to complete appropriate forms by deadline.	

<b>FOR OFFICE USE ONLY</b>	
Monthly Salary: _____	Annual Salary (based on 9 months): _____
# of Months: _____	Amount for this Period (rate x # of months)*: _____
*Partial months are calculated using a daily rate based on the number of working days in the payperiod	