

**FEDERAL WORK-STUDY (FWS) FUNDED GRADUATE  
ASSISTANTSHIP 2017-2018 APPOINTMENT REQUEST FORM**

**Please Note:** Appointments will be contingent upon availability of FWS funds. Changes in the stipend amount will result in a recalculation of the amount of the total stipend eligible to be covered by FWS funds. Notification of any changes in FWS funds will be communicated to the appointing unit.

Students in approved cost-recovery and self-supporting programs are not eligible to receive tuition and fee waivers except statutory waivers. For example, these students may not hold waiver-generating appointments. The full list of such programs can be found at <http://www.grad.illinois.edu/policies/costrec-selfsupport>.

Appointing units are required to follow the Academic Human Resources (AHR) guidelines and offer letter language when extending offers for assistantships including those funded by FWS funds. Please utilize the offer letter templates and waiver taxation information found at <http://www.ahr.illinois.edu>.

**Unit Information**

Appointing Unit: \_\_\_\_\_

Department contact person to receive appointment authorization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Student and Appointment Information**

Student's Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Student's Academic Program: \_\_\_\_\_ Curriculum Code: \_\_\_\_\_

Level of Tuition Waiver generated:      None      Base-Rate      Full

The level of waiver is tied to the graduate program in which the student is enrolled (as identified by the graduate program code). Students are governed by the waiver policy in effect at the time of first enrollment in the program as long as they are in good academic standing and are making proper progress toward graduation in that program. Questions about graduate tuition waiver policy can be directed to the Graduate College at [gradfellowships@illinois.edu](mailto:gradfellowships@illinois.edu).

Assistantship Title/Type:      TA\*      GA\*      RA      PGA      Appointment Percent Time: \_\_\_\_\_

Monthly Stipend Amount: \_\_\_\_\_ Appointment Dates: \_\_\_\_\_  
\*NOTE: Stipend amounts for assistants represented by the Graduate Employees Organization (GEO) must comply with the provisions of the contract in effect for the assistant's appointment period.

Position Number: \_\_\_\_\_ CFOAP: \_\_\_\_\_

NOTE: Use the FWS FOAPAL assigned to your unit – if your unit does not have a FWS FOAPAL, contact Grants and Contracts to have one established.

Appointing Unit's Approver Name \_\_\_\_\_

Appointing Unit's Approver Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Submit to: La Vonne Novakofski, Office of Student Financial Aid, 620 East John Street, MC-303, by April 1, 2017**