



Graduate Assistantship Employment Termination

This form is to be submitted to the Graduate College when a graduate student resigns or is dismissed from a graduate assistantship prior to completion of the assistantship agreement. This form **MUST** be submitted with the signatures of the student and the direct supervisor to the assistantship. ***It is the responsibility of the employing department and the student to submit this form upon the decision to end the assistantship contract.***

Student Name:	RU ID#:
Department or Office where employed:	
Supervisor Name:	
Actual Hours Completed:	
Last Day of Assistantship (m/d/yy):	
Reason for termination or resignation:	

Attach any additional documentation as necessary.

Student Signature*

Date

I have reviewed and confirm that this student has worked the hours as stated above.

Signature of Supervisor*

Date

Please submit this form to:

Graduate College
c/o Michele Ralston
P.O. Box 6928 or mrалston2@radford.edu

*This form will not be accepted without the required signatures.