

# GRADUATE STUDENT EMPLOYMENT FORM

UNIVERSITY OF ILLINOIS AT CHICAGO

Department of BioEngineering

## FACULTY INFORMATION

Faculty Name: \_\_\_\_\_

Fall 20\_\_\_\_\_

Summer 20\_\_\_\_\_

Spring 20\_\_\_\_\_

## STUDENT INFORMATION

**1.** *Name of student*

Account: \_\_\_\_\_

Circle one:      **RA**      **GA**      **TA**

If TA, which class? \_\_\_\_\_

% appointment? \_\_\_\_\_

Comments:

**2.**

Account: \_\_\_\_\_

Circle one:      **RA**      **GA**      **TA**

If TA, which class? \_\_\_\_\_

% appointment? \_\_\_\_\_

Comments:

**3.**

Account: \_\_\_\_\_

Circle one:      **RA**      **GA**      **TA**

If TA, which class? \_\_\_\_\_

% appointment? \_\_\_\_\_

Comments:

**4.**

Account: \_\_\_\_\_

Circle one:      **RA**      **GA**      **TA**

If TA, which class? \_\_\_\_\_

% appointment? \_\_\_\_\_

Comments:

## SIGNATURE

Faculty Signature: \_\_\_\_\_

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