

## Graduate Assistantship Employment Termination

This form is to be submitted to the Office of Graduate Affairs 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:

Office of Graduate Affairs  
**c/o Michele Ralston**  
 P.O. Box 6928 or [mrалston2@radford.edu](mailto:mrалston2@radford.edu)

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