

Date [Insert current date]

TO: Student's Name  
Address

FROM: [department chair or director]

RE: Assistantship Renewal

Please indicate by checking the appropriate item if you wish to be considered for an assistantship for the specified semester(s). Please return this form to [name whomever the form should be turned in to] as soon as possible but no later than [list a date by which you expect the student to submit the request].

PLEASE CHECK ONLY ONE ITEM:[you do not have to list all these options - you may want to limit your choices based on how the department offers contracts]

\_\_\_\_\_ I wish to be renewed for Summer [indicate year] only.

\_\_\_\_\_ I wish to be renewed for Fall [indicate year] only.

\_\_\_\_\_ I wish to be renewed for Summer [indicate year] and Fall [indicate year].

\_\_\_\_\_ I wish to be renewed for Summer [indicate year], Fall [indicate year], and Spring [indicate year].

\_\_\_\_\_ I wish to be renewed for Fall [indicate year] and Spring [indicate year].

\_\_\_\_\_ I wish to be renewed for Spring [indicate year].

\_\_\_\_\_ I do not wish to be renewed.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date