

TUId	Student Name	Degree/Program
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Academic Year: _____

School/College: _____

Dept./Instructional Unit/Center/Institute: _____

Supervisor(s): _____

Dept. Chair or Center/Institute Director: _____

Project Title: _____

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

* May include archival, clinical, field, laboratory, library, museum, survey, or other.

Student: If you agree to undertake this assignment, please sign below and return this form with your acceptance letter.

I, _____ (printed name), accept this assignment.

Signature: _____ Date: _____