

Requested By: _____

Date: _____

Faculty: _____

Department: _____

Approved by the Dean of Graduates Studies & Research: Yes No

GL Acct#: _____

Research funding provided by: _____

CANDIDATE INFORMATION

Email: _____

Name: _____

Phone Number: _____

Mailing Address: _____

Is immigration required: Yes No *please note no relocation allowance will be provided**Academic verification required:** Yes No**Will this candidate require the University Health Insurance Plan:** Yes No Unknown**Please briefly describe the primary responsibilities and research support this candidate will assist with:**_____

_____**Approvals:****Signatures:****Dates:**

Dean of Graduate Studies & Research

Human Resources