



Graduate Assistantship Contract Cancellation

Student's Name: _____ Banner ID _____

Supervisor: _____

Original Term Date: _____ New Term Date: _____

Total amount to be paid from contract before cancellation: _____

Reason for Termination: (One must be selected)

- _____ Replaced by new revised contract (attached)
- _____ Graduated and/or completed degree requirements ahead of schedule
- _____ Withdrew and left NMT or reduced class load below full time
- _____ Research contract terminated or ran out of funding ahead of schedule
- _____ Student failed to perform satisfactorily scholastically
- _____ Student failed to perform satisfactorily, as an assistant (must attach performance appraisal with Dean of Graduate Students' concurrence)
- _____ Other (explain in detail, attach a separate sheet if necessary)

| | |
|--------------------------------|---|
| Signatures: | |
| Supervisor _____ | Date: _____ |
| Student _____ | Date: _____ |
| Dean of Graduate Studies _____ | Date: _____ |
| Date received at Payroll _____ | Date received at student accounts _____ |