

MSE Concurrent Enrollment Assistantship Increase Form

Request/Approval to 1/2-time assistantship

Name _____ ISU ID# _____
(Please Print)

- I would like to request a move to a 1/2-time assistantship from my current 1/4-time appointment, as I believe I have met the requirement to do so by accruing the minimum number of credits required for a B.S. degree. I realize that this is not an automatic process, but have requested the verification and approval from my academic advisor and major professor as noted below.

Signature _____ Date _____

Concurrent BS/Graduate Approvals

Academic Advisor

- This student has accrued the minimum number of credits required for a B.S. degree.

Undergraduate Academic Adviser (Print and Sign) Date _____

Major Professor

- I approve the increase to a 1/2-time assistantship for this student which would mean additional funding using the same account as is currently processed. This is effective as of (mm/dd/yy)._____

Major Professor (Print and Sign) Date _____

Copies: Student Department Advisor Major Professor