

TBP TA Extension Request

Department Org ID #: _____
Student Name: _____
Student ID #: _____

List the semester, course number/name and % TA funding for each semester the student served as a TA:

1. _____
2. _____
3. _____
4. _____

Grad Advisor Signature	Date

Print Name	Print Title
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Send completed form to the Coordinator of Fellowships and Benefits at the Graduate School – 302 Park Building. Please note the only Ph.D students who entered the University with a B.A./B.S. and have served at least 4 semesters as a fulltime T.A. are eligible for this extension.