

Request for Additional Employment

Student Na	me:						Term:
RA: Yes	_ No	TA: Yes_	No	Fellow	ship/Ty	/pe:	
US Citizen:	Yes	No P e	ermanent l	Resident:	Yes	_ No	
	. 5	4 14					
Employmer -	•						
		er:					
Number of	Hours p	er Week An	iticipated:				
Please dese thesis rese		e activity ar	nd specify	how the a	activity	is distinct	from the
Approved b	y Thesi	s Superviso	or:				
		s Co-Super					
	-	Graduate (
Date:			Estimate	ed Date of	Comp	letion:	

^{*} Note: Each employment activity requires separate departmental approval.