

Bienen School of Music 2008-09 GA/TA Verification Form

Instructions:

1. Meet with each of your GA/TA supervisor(s) and discuss the nature of your work assignment and work schedule (e.g., number of hours per week, hours per day and days per week).
2. Complete this form during or at the conclusion of that meeting and have each of your GA/TA supervisor(s) sign in the appropriate place below.
3. Return the form to the Office of Academic Administration and Graduate Studies, MAB 108 **no later than Friday, OCTOBER 3, 2008.**

Student Name: _____ **Phone:** _____

Supervisor's Name	Avg. # of hours/week	Quarter (circle as appropriate)	General Description of Work Duties
		F W S	
		F W S	
		F W S	
		F W S	

Signature(s) of GA/TA Supervisor(s):

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date