Title of Assistantship:

Name of Supervisor:

1. **Goals and objectives:** Please indicate how this Undergraduate Assistantship will impact your departmental program and assist in meeting your departmental goals, both present and future.

2. **Responsibilities:** Please state how this proposed Undergraduate Assistantship will enhance the academic preparation of the student. What are the enhanced expectations?

3. **Supervision and evaluation:** Please detail the level of supervision the proposed Undergraduate Assistantship will have and what evaluation will be offered to the student. What level of self direction will the student need?

4. **How does this Undergraduate Assistantship differ from a traditional student employment position, i.e. research opportunities?**
Amount of funding requested:

\[(\text{number of weeks}) \times (\text{average number of hours}) \times \$8.25/\text{hour}\]

\[= \$

Supervisor’s Signature: ______________________ Date: __________________

Department Chairperson’s Signature: ______________________ Date: __________________

Proposals are due in Human Resources, Hillman Hall by \textit{TBA}

\textit{Late applications will not be accepted.}