

MEMORANDUM

TO: Melissa Leporati
Human Resources

FROM: _____
(Name of Person Cancelling Assistantship)

(College or Department)

SUBJECT: Cancellation of Assistantship

DATE: _____

Please cancel the assistantship for

Name: _____

CWID: _____

Last 4 Digits of Social Security Number: _____

Effective Date of Cancellation: _____

Department/Account Code: _____

CC: Graduate School
University Research (grant funds only)