UNIVERSITY OF MONTANA | GRADUATE SCHOOL

Graduate Assistant Contract Change Form

Student ID: _____ Name: _____ (Last) _____ (First) _____ (Middle)

Hire Dept: _____ Roster Number: _____

Original Waiver Information

Master's ○ Doctoral ○ Fall ☐ Resident ○ Fee Waiver Account: _____

Teaching: ○ Research: ○ Spring ☐ Non Resident ○ Exemption Code: _____

TARA ○ Term: _____

New Waiver Information

Master's ○ Doctoral ○ Fall ☐ Resident ○ Fee Waiver Account: _____

Teaching: ○ Research: ○ Spring ☐ Non Resident ○ Exemption Code: _____

TARA ○ Term: _____

Fee Waiver Budget Authority Signature: _____ Date: _____

Waiver being charged back to a grant: Grant No: _____ PI Signature: _____

Waiver being charged back to non-grant: Acct No: _____ Dept Authority:

Original Wage Information

Index Code	Index Name	FTE	Beg Date	End Date	Wages	Index Authority	Date
		0			$ 0.00		

New Wage Information

Index Code	Index Name	FTE	Beg Date	End Date	Wages	Index Authority	Date
		0			$ 0.00		

OSP Signature: _____ Dept Contact: _____ Email: _____