



**INTERNATIONAL STUDENTS AND SCHOLARS OFFICE**  
**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**  
**221 MURPHY HALL**  
**1601 EAST MARKET STREET**  
**GREENSBORO, NORTH CAROLINA 27411**  
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**FINANCIAL SUPPORT BASED ON ASSISTANTSHIP AWARD**  
 (This form can only be completed and returned by the sponsoring department.)

\_\_\_\_\_  
 Sponsoring Department

\_\_\_\_\_  
 Name of Student

\_\_\_\_\_  
 Department Chairperson

\_\_\_\_\_  
 Student's A&T I.D. # or Social Security #

The named person above has been awarded an assistantship by the said University Department. The student has been informed of the award approval and has accepted all terms outlined for assistantship. He/she will be working directly in the stated department under supervision of faculty at North Carolina Agricultural and Technical State University.

**Award Information**

Total Amount of Support: \$ \_\_\_\_\_ SELECT ONE:  Academic Year (9 months)  Fiscal Year (12 months)

Period of Support: Beginning Date (Semester/Year) \_\_\_\_\_ Ending Date (Semester/Year) \_\_\_\_\_

Type of Award (check all that apply): \_\_\_\_\_ Monthly Stipend \_\_\_\_\_ Tuition/Fees Award \_\_\_\_\_ Both - Stipend \$ \_\_\_\_\_ and Tuition/Fees Award \$ \_\_\_\_\_

*\*Does this award cover the mandatory insurance fee payable each semester: \_\_\_\_\_ Yes \_\_\_\_\_ No*

Terms for Award (requirements the student must meet and/or maintain for assistantship eligibility): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Hours Per Week (no more than 20 hours): \_\_\_\_\_

Title of Assistantship Position: \_\_\_\_\_

I certify that the information stated above is accurate and true. I further certify that the student will be given a written 60-day notice if sponsorship is not available for the term specified. I also certify that the student has been informed that assistantship award is based on funding availability and satisfactory job performance each academic year and continued support is not guaranteed for the duration of the said degree program.

*I further certify that this student is eligible to work in the specified position and receive payment from the funding sources budget as outlined by University guidelines and regulations as established through the Salary Administration Office and Human Resource Department. **This position is not for tenure track or permanent employment.***

I agree to immediately notify the International Students and Scholars Office if any changes occur to the above award or if this agreement is terminated before the specified period of support ends.

\_\_\_\_\_  
 Signature of Sponsor

\_\_\_\_\_  
 Name and Title of Sponsor

\_\_\_\_\_  
 Campus Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email Address