

Department of Biological Sciences

CHANGE IN STUDENT REAPPOINTMENT REQUEST

**** Submit when appointment changes ****

Student Name: _____

Last

First

KSU ID #

Select one: BSCI Degree & Program Name: _____

BMS Degree & Program Name: _____

Reason for change: _____

If any changes are being made to the original funding request, please complete the section below.

REQUEST FOR FUNDING Please enter Year for each semester and check one box per semester. For any semesters you are not requesting funding, please select "None."

	Teaching Assistantship	Research Assistantship*	None
Summer _____			
Fall _____			
Spring _____			

***Research Assistantship** (for faculty that have the appropriate funding) – Faculty Advisor must provide the following information:

Grant Account Number: Cost Share:

Stipend and tuition:

Stipend only: (Stipend only requires approval from the chair)

Signatures:

Student Date Print Name

Advisor Date Print Name

Co-Advisor Date Print Name