

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)