REQUEST FOR GTA ALLOCATION

Date: _____ Dept Contact: _____ Phone:_____

Transfer to Dept# _____ Line#_____ Acct # _____

Name	Course#	Tier 1 Course? Y/N	Start/End Dates (if not 8/13/07-12/30/07)	Faculty Supervisor	GTA FTE	Amount Requested
FALL						
SPRING			(if not 12/31/07-5/18/08)			
					TOTAL	

This Area for CALS ADMIN ONLY!

RBC#

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last updated 06/14/07

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cc: _____