

RESEARCH ASSISTANT CONTRACT REQUEST FORM

Faculty of Education

Job Title:			
Total Number of Hours of Contract:	Co	ntract 🗌	Timesheet
Start Date (MM/DD/YYYY):	En	d Date (MM/DD/Y	YYY):
Researcher Name:			
Account: GRAD Fund 🗌 R&D 🗌 P	ER Start-Up		
Other Please specify grant account			
If submitting a GRAD Fund, please con			
I have appointed a full-time, research		pient of GRAD fu	und: Yes No
If no, I have actively engaged in seeki	ng a full-time, researc	n-based graduat	e student in the FOE to
fill this position: Yes No			
Research Assistant Name:			
Address:			
Non-Brock email:			
Phone:			
<u>Current Student Status (if relevant)</u> NOTE: Provincial regulations specify that full-ti Students who wish to be considered for researc would involve more than 120 hours of work in a their Graduate Program Director, and the Dean On-Campus Employment Hours [https://brocku required before a contract can be created.	h assistant contracts that, i term must first seek and re of Graduate Studies. Please	n combination with eceive approval from attach a complete	any other on-campus employment, n their Supervisor (if applicable), d Request for Approval of Extra
Student # Enrol	ment Status	Degr	ree Level
Area of Study Education	Other Pay Rat	e	
Researcher's Signature	RA Signature		Date

Please return completed form to Administrative Assistant, Office of the Associate Deans