MSE Concurrent Enrollment
Assistantship Increase Form

Request/Approval to ½-time assistantship

Name ___________________________ ISU ID# ___________________________
(Please Print)

☐ I would like to request a move to a ½-time assistantship from my current ¼-time
appointment, as I believe I have met the requirement to do so by accruing the minimum
number of credits required for a B.S. degree. I realize that this is not an automatic
process, but have requested the verification and approval from my academic advisor
and major professor as noted below.

Signature ___________________________ Date ___________________________

Concurrent BS/Graduate Approvals

Academic Advisor

☐ This student has accrued the minimum number of credits required for a B.S. degree.

_____________________________________________________________ Date _________________
Undergraduate Academic Adviser (Print and Sign)

Major Professor

☐ I approve the increase to a ½-time assistantship for this student which would mean
additional funding using the same account as is currently processed. This is effective as
of (mm/dd/yy). ________________

_____________________________________________________________ Date _________________
Major Professor (Print and Sign)

Copies: ☐ Student ☐ Department ☐ Advisor ☐ Major Professor