

INTERCAMPUS GRADUATE STUDENT ACADEMIC EMPLOYMENT

Request Form

*(Please send to Appointment Analyst, UCSB Graduate Division.
Form must be received at least six weeks prior to start of proposed appointment.)*

Check one and complete:

UCSB will HOST a graduate student from another UC campus. _____
Student home campus

Student name as it appears campus database

Student employee ID number

Contact person at student's home campus

Contact person's e-mail address

A UCSB graduate student will have an appointment at another UC campus.

Student name

Student perm number

Employing Campus & Department

Name of department contact person

Contact person's e-mail address

Contact person's telephone number

Complete:

Date Appointment to begin

Date Appointment to end

Title Code number

Title Code description

The UCSB contact person for this appointment is:

name

e-mail address

telephone number

UCSB Department Approval:

name

signature

date

e-mail address