

# Request to have Graduate Assistantship Documents Sent to Department

**Western Illinois University**  
School of Graduate Studies

WIU ID No.: \_\_\_\_\_  
(For security purposes do not enter Social Security number)

Name: \_\_\_\_\_

School address: \_\_\_\_\_  
Street City State Zip

School phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Name of individual receiving documents: \_\_\_\_\_

Name of department in which above individual is located: \_\_\_\_\_

Please send the following: (check all that apply)

- \_\_\_ Graduate Assistantship Application
- \_\_\_ Personal Goals Statement
- \_\_\_ Recommendation from \_\_\_\_\_
- \_\_\_ Recommendation from \_\_\_\_\_
- \_\_\_ Recommendation from \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All requests will be processed within two business days from date of request. **Only information available in the file at the time of retrieval will be sent.** No requests will be held for additional information to be added.

\_\_\_ Yes, I approve student's request to have documents sent to me.

\* \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of individual receiving documents

Form will not be processed without above signature.

