

UBC School of Kinesiology  
**Student appointment request form**

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**Student name:** \_\_\_\_\_

**Student number:** \_\_\_\_\_

Type of appointment:     *Please check off one below.*

1. *Graduate Research Assistant*
2. *Undergraduate Research Assistant*
3. *Undergraduate Academic Assistant*

Terms of payment:     *Please choose one of the below.*

**Monthly @ \$ \_\_\_\_\_ /month   OR**

**Hourly @ \$ \_\_\_\_\_ / hour**

From (start date) \_\_\_\_\_ to (end date): \_\_\_\_\_

Source of Funding:

Grant number:

Speed chart:

Grant Holders Name:

Signature:

Date: