

## Teaching Assistant (TA) Honorarium Request Form

Course Directors must submit this form no later than two weeks after the last week of class. Please attach a course syllabus showing the roles of the TA. All forms should be e-mailed to Bouchra Hannaoui boh3002@med.cornell.edu. Associate Dean for Academic Affairs, Dr. Randi Silver, will review and approve all honorarium requests.

### COURSE INFORMATION

**Course Director:** \_\_\_\_\_

**Title of Course:** \_\_\_\_\_ **Course Code (on LEARN):** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_ **Course Term:** \_\_\_\_\_

### TA INFORMATION AND HONORARIUM REQUEST

**Number of TA's :** \_\_\_\_\_ *(NB: typical honorarium requested is max \$750 per Quarter)*

|                        |  |                        |
|------------------------|--|------------------------|
| 1. Student Name: _____ | Program: _____   | Year in Program: _____ |
| E-mail or CWID: _____  | Estimated Honorarium (from TA Appointment form): _____ |                        |
| Hours Worked: _____    | Requested Honorarium (based on hours worked): _____    |                        |

|                        |  |                        |
|------------------------|--|------------------------|
| 2. Student Name: _____ | Program: _____   | Year in Program: _____ |
| E-mail or CWID: _____  | Estimated Honorarium (from TA Appointment form): _____ |                        |
| Hours Worked: _____    | Requested Honorarium (based on hours worked): _____    |                        |

|                        |  |                        |
|------------------------|--|------------------------|
| 3. Student Name: _____ | Program: _____   | Year in Program: _____ |
| E-mail or CWID: _____  | Estimated Honorarium (from TA Appointment form): _____ |                        |
| Hours Worked: _____    | Requested Honorarium (based on hours worked): _____    |                        |

|                        |  |                        |
|------------------------|--|------------------------|
| 4. Student Name: _____ | Program: _____   | Year in Program: _____ |
| E-mail or CWID: _____  | Estimated Honorarium (from TA Appointment form): _____ |                        |
| Hours Worked: _____    | Requested Honorarium (based on hours worked): _____    |                        |

|                        |  |                        |
|------------------------|--|------------------------|
| 5. Student Name: _____ | Program: _____   | Year in Program: _____ |
| E-mail or CWID: _____  | Estimated Honorarium (from TA Appointment form): _____ |                        |
| Hours Worked: _____    | Requested Honorarium (based on hours worked): _____    |                        |

*Course Director has discussed requested honorarium amounts with each student TA being awarded above.*

**Course Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Graduate School Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_