Date:

Re: STUDENT NAME, ASSISTANTSHIP SEMESTER

ID: STUDENT ID NUMBER

Program: PROGRAM NAME

To Whom It May Concern:

It is reasonably expected that [student’s name] funding will continue in the [effective future semester] semester.

**Current Student Funding**

Appointment - 0.5 FTE TA

Stipend - Biweekly salary $858.00

Dates - 1/1/2017 through 5/15/2017

Tuition – ECE Department

Health Insurance – Covered by GSSP

**Continued Student Funding for ----- semester**

Appointment - 0.5 FTE TA

Stipend - Biweekly salary $858.00

Dates - 8/16/2017 through 12/30/2017

Tuition - ECE Department

Health Insurance – Covered by GSSP

Sincerely,

Signed by Adviser