



The Graduate School
 Division of Graduate Education
 600 Lincoln Avenue
 Charleston, IL 61920

Graduate Assistantship Agreement with an External Agency

*(agreements must be negotiated and executed
by an EIU departmental representative)*

This agreement, entered into by and between The Board of Trustees of Eastern Illinois University (University) and _____ (Agency) provides graduate assistantship stipend support for ____ (number) of degree-seeking graduate students. The assistantship(s) is/are available to candidates in the following departments:

The University and Agency agree to the following arrangements:

1. The appropriate University department will provide qualified nominees and will provide the name, phone, fax and e-mail of a department contact person. The Agency will specify if any additional departmental support or supervision is needed.
2. The University Graduate School will ensure that nominees meet the assistantship qualifications established by the University, will provide a tuition waiver for the terms covered by the assistantship and will issue a contract specifying the hours of work per week, the stipend amount per month, and the length of the assistantship. Contracts will typically be issued for not more than 19 clock hours per week and not less than 14 hours per week.
3. The Agency will pay a total of \$ _____ on or before _____ (date) or in _____ (number) of installments on _____ (date), _____ (date). The assistantship contracts issued will be for \$ _____ per month for _____ months for _____ (number) assistants.
4. The Agency agrees to: *[check one please]*
 - pay the student directly **OR**
 - pay the University and the University will process payment to the student.

Either party may terminate the Agreement by giving written notice at least 30 days prior to the date of termination.

This Agreement shall be governed and construed in accordance to the laws of the State of Illinois.

In witness whereof, the parties hereto have executed this Agreement as the date of the last signature following.

By _____ By _____
 Authorized Agency Manager Authorized Official/The Graduate School

Date _____ Date _____

Agency Address _____ By _____
 On Behalf of the Board of Trustees of
 Eastern Illinois University

_____ Date _____