

GRADUATE SCHOOL OF ARCHITECTURE, PLANNING AND PRESERVATION
COLUMBIA UNIVERSITY

ASSISTANTSHIP AGREEMENT 2019-20

Name: _____ UNI: _____

_____ I accept the position of _____ offered me during the 2019-20 academic year. I understand that for this assistantship position I must be registered for a minimum of 12 points for the semester(s) in which I hold the position.

_____ I do not accept the position offered.

2019-20 academic year address: _____

2019-20 academic year telephone: _____

signature: _____ date: _____

Please return this sheet and the tax and HR forms to the Dean's Office in 405 Avery Hall.

Nicholas Roberts
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You should bring everything to us with appropriate documentation before you start work.