

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:** _____