

STUDENT ASSISTANT INTENT TO RETURN FORM

Name: _____

Will you be here next semester? (Y / N)

If yes, complete the rest of the page, and save it to send it back to Linda Zilgme as an attachment or bring a copy to the lab.

If you will NOT be here next semester, stop and send the email to Linda Zilgme at lbzilgme@buffalo.edu.

Please answer the following questions:

Did you fulfill your work duties as a student assistant? (Y / N)

Please explain below.

Was your work performance satisfactory? (Y / N)

Please explain below.

Additional comments:

When will you be available for possible work hours: (*check all that apply*)

Mornings _____ Afternoons _____ Evenings _____ Weekends _____ Anytime _____