2017-2018 Graduate Assistant Appointment Form

A. Student’s Name: _______________________________ NUID: _______________________________
Current Mailing Address: ________________________________________________________________

New Appointment __________ Name of person replacing ______________________________________
Reappointment __________ Department/Office of Employment: _______________________________
Graduate Program of Study: _____________________________________________________________
(REQUIRED TO BE ELIGIBLE FOR A GRADUATE ASSISTANTSHIP)

For reappointments, please list prior coursework and corresponding grades (if available) as evidence of progress in
academic program:

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course No.: ______</td>
<td>Grade: ___</td>
<td>Course No.: ______</td>
</tr>
<tr>
<td>Course No.: ______</td>
<td>Grade: ___</td>
<td>Course No.: ______</td>
</tr>
<tr>
<td>Course No.: ______</td>
<td>Grade: ___</td>
<td>Course No.: ______</td>
</tr>
</tbody>
</table>

B. Assistantship Duties: (MUST PROVIDE brief description of assignment)
Research
Teaching
Other

Please Check | Cost Center # | Enter $ amount if different
---|--------------|------------------
__ From Graduate Office | regular | $ ______ | $10,404 AY stipend
__ From Department A | | | $10,404 AY stipend
__ From Department B | | | $10,404 AY stipend
Tuition Remission | | | (Cost center # to be charged for tuition remission if different from stipend Cost Center #)
GA Health Insurance | | | (Cost center # to be charged for health insurance if different from stipend Cost Center #)

C. Funding: ___ From Graduate Office
___ From Department A
___ From Department B

D. Residency Status: Resident __________
Non-Resident __________

E. Position Information: Please check one:
Full-Time (20 hrs/week) ________
Part-Time (10 hrs/week) ________
Full Academic Year ________
One Semester: Fall ________ OR Spring ________

Approval Signatures:

_________________________ Date
Graduate Program Committee Chair  
_________________________ Date
Department Chair

_________________________ Date
Dean of the College  
_________________________ Date
Dean of Graduate Studies and Research