Graduate Assistant Selection Form

Selections are due by May 23

Please complete this selection form indicating your student(s) of choice for your graduate assistantship position(s). The information entered on this form will be used by the College of Graduate Studies to prepare the graduate assistant contracts for your department. Should you have questions, please contact Lynnette Lawrence at x53220 or lelawrence@plymouth.edu.

Referencing your award letter, please list the name(s), award amount, number of graduate tuition credits, and the name of the assigned GA Supervisor for each of your selected assistant(s):

Name of Selected Graduate Assistant: __________________________________________________________
Appointment Start Date: _______________    Appointment End Date: _______________
Stipend Amount: _______________   # of Graduate Tuition Credits: _______________
Supervisor Name: _____________________________________________

Name of Selected Graduate Assistant: __________________________________________________________
Appointment Start Date: _______________    Appointment End Date: _______________
Stipend Amount: _______________   # of Graduate Tuition Credits: _______________
Supervisor Name: _____________________________________________

Name of Selected Graduate Assistant: __________________________________________________________
Appointment Start Date: _______________    Appointment End Date: _______________
Stipend Amount: _______________   # of Graduate Tuition Credits: _______________
Supervisor Name: _____________________________________________

Name of Selected Graduate Assistant: __________________________________________________________
Appointment Start Date: _______________    Appointment End Date: _______________
Stipend Amount: _______________   # of Graduate Tuition Credits: _______________
Supervisor Name: _____________________________________________

Name of Selected Graduate Assistant: __________________________________________________________
Appointment Start Date: _______________    Appointment End Date: _______________
Stipend Amount: _______________   # of Graduate Tuition Credits: _______________
Supervisor Name: _____________________________________________

If your graduate assistant(s) will instruct a course or lab for your department, please list their name(s) and the course/lab title below:

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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________