1. Department: ______________________________________________________

2. Definition and Terms of Appointment:
Graduate assistants must be enrolled in a graduate program and be actively pursuing a degree. Assistants perform duties that support the instructional program of the university, and the responsibilities associated with the appointment should also benefit the student’s course of study or future goals. For assistantships operating on the graduate academic schedule, the appointment may be made for one, two or three graduate terms. For assistantships operating on an undergraduate academic schedule, the appointment may be for one or two semesters. A full academic year assistantship carries a stipend of $4000, tuitions waiver for up to 18 graduate credits in courses at the 5000, 6000, and 7000 levels, and a work expectation of approximately 500 hours.

Graduate Academic Schedule Assistantship: ☐ One Term ☐ Two Terms ☐ Three Terms
Undergraduate Academic Schedule Assistantship: ☐ One Semester ☐ Two Semesters
Department Seeking Summer Assistantship Support: ☐

Approximate Number of Tuition Waivers Needed: ________________________________

3. Anticipated Appointment Start and End Dates: ________________________________

4. Reason for Request:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Appointment Responsibilities:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Appointee Qualifications:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor: ___________________________________________ Date: __/__/____
Program Coordinator: _________________________________ Date: __/__/____
Department Chair: ________________________________ Date: __/__/____

Please submit form by clicking “Submit Form” in the upper right corner of this page.

For Office Use Only:
☐ Approved ☐ Denied Signature: ______________________________ Date: __/__/____
Award/Terms _____________________________________________________________
Cc: Doreen J. Burrows, Director of Finance and Accounting