

Permission to Work Off-Campus Request Form

Limited to Graduate Research Assistants who will remain enrolled full-time as a PhD student *Submit completed forms to <u>TGSENROLLED@augusta.edu</u> or drop by The Graduate School (CJ 2201).*

Date:		Student's JAG ID:	
Student's Name:		Major Advisor's Name:	
Student' s Graduate Program:		Current Year in Program:	
Year Entered Graduate Program:			
Anticipated Graduation Date:	(semester/year)		
Have you completed your core didactic course work? Yes No			
Requested dates to work off-campus: Start Date: End Date: *Not to exceed 6 weeks per academic year; If these dates change, please provide to mentor and TGS for review and approval. Please provide a justification for why you are requesting to work off-campus. Please see the			
Permission to Work Off-Campus Procedure Form for more information and details regarding eligibility:			
Please list the courses in which you will be enrolled during the time you are requesting to work off- campus.			
You will need to complete an instructor approval form for each class in which you are enrolled.			
Course:		Instructor:	

I understand that, if my request to work off-campus is approved, I will be responsible for completing all coursework requirements outlined on the Instructor Approval Forms. In addition, I will be required to continue working 13 hours per week for my Graduate Research Assistant and will be responsible for logging my monthly time in OneUSG Connect by the 22nd of each month.

Student Name

Student Signature

Date

Permission to Work Off-Campus – INSTRUCTOR APPROVAL FORM

Please complete one form for each course in which you are enrolled.

Student's Name:	Student's JAG ID:	
Course:	Instructor:	
Please outline plans for completing missed classes and coursework:		
Please outline plans for oversight and documentation of work completed (ex. I will send a weekly list of journal articles read, weekly drafts of paper in progress, etc) :		
I have reviewed and approved the student's request to work off-campus and plans for completing and documenting appropriate coursework and work to meet GRA requirements and responsibilities. * I understand that as the student's mentor I am responsible for the oversight and documentation of actual work (not just work hours) to meet GRA requirements. ** I understand that as the course director, I am responsible for the oversight and documentation of actual work (not just work hours) for courses that I direct.		
Authorizing Signatures:		
*Major Advisor:	Date:	
Printed Name:		
**Course Instructor:	Date:	
Printed Name:		
Program Director:	Date:	
Printed Name:		
MD/PHD Program Director:	Date:	
(if student is in MD/PHD program)		
Printed Name:		
Graduate School Dean:	Date:	

Printed Name: