



Graduate Assistantship Recommendation and Approval Form

Please submit completed form to Emily Crider – ecrider@augusta.edu

Action Request

- New Appointment** – complete this entire form
- Reappoint with no changes** – complete Graduate Assistant Information & Endorsing the Student for GA Eligibility sections
- Reappoint with changes** – complete this entire form
- Do NOT reappoint (Terminate)** –

Student's Name:

Student's Graduate Program of Study:

Effective Date:

Reason for Termination: Graduating End of Semester Other:

- Do NOT reappoint (Leave in system as inactive for future hire)** –

Student's Name:

Student's Graduate Program of Study:

Approval Form Point of Contact

Name: _____ Telephone: _____ Email: _____

Graduate Assistant Information

Student's Name: _____ Student's Banner ID: _____

Student's email: _____

Indicate Citizenship: US Citizen Resident Alien
 Non-Resident Alien Indicate immigration status: F-1 J-1 Other, specify: _____

Student's Graduate Program of Study: _____

Date student matriculated into this graduate program; semester _____ Year _____

Graduate Program level: master's education specialist

Does the student currently work at AU as a Graduate Assistant? YES NO

If yes, provide semester _____ and year _____

Has the student worked at AU as a GRADUATE ASSISTANT previously: YES NO

If yes, provide department/program name _____ semester _____ and year _____ of last appointment period

Comments / additional information:

Details for the Assistantship Offer

Graduate Assistantship

Hourly wage: _____ Est. Total Assistantship Amount (\$): _____

Semester and year: _____

***Any work outside the general semester dates (first day of classes – graduation) must be approved & coordinated with the program/dept.**

Start Date (m/d/yyyy) - _____ End Date (m/d/yyyy) - _____ *(actual start date pending criminal background check approval)*

Specify maximum hours of work for time period indicated:

Specify number of hours/week: exact- _____ **OR** minimum *(must be at least 10)* _____ - Maximum *(cannot exceed 20)*

Provide a brief description of required job responsibilities:

Graduate Assistantship Supervisor:

Supervisor Name: _____ Department/Program: _____

Supervisor Email: _____ Telephone Number: _____

Endorsing the Student for Graduate Assistantship Eligibility

YES NO The student is qualified to assume the duties, is in good academic standing, and is making progress toward the degree. The duties are relevant to and appropriate for the student's academic program.

YES NO The student will be enrolled in a full time course of study for the duration of the assistantship time period.

Indicate number of credit hours enrolled: *If less than 6 hours, please attach a justification.*

YES NO The department/program approves her/him for an assistantship.

Graduate Program Director or Chairperson:

Printed name

Signature _____ Date (m/d/yyyy)

Funding Approval for the Assistantship

The assistantship will be charged as follows:

FUNDING SOURCE
Department:
Chartfield Combination used for Funding:

Comments / additional information regarding funding:

I certify that the funding source (CFC) provided above contains adequate funds to support the entire assistantship amount that is being requested for this Graduate Assistant.

Approval by the funding source manager:

Printed name

Position/Title:

Signature _____

Date (m/d/yyyy)

Final Approval of the Assistantship

Comments / additional information regarding assistantship:

College Dean: College of

Approved: YES NO

Printed name

Signature _____

Date (m/d/yyyy)

The Graduate School:

Approved: YES NO

Printed name

Signature _____

Date (m/d/yyyy)