

2025-2026 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:

<u>FALL</u>		<u>SPRING</u>		<u>SUMMER</u>	
Course No.: _____	Grade: _____	Course No.: _____	Grade: _____	Course No.: _____	Grade: _____
Course No.: _____	Grade: _____	Course No.: _____	Grade: _____	Course No.: _____	Grade: _____
Course No.: _____	Grade: _____	Course No.: _____	Grade: _____	Course No.: _____	Grade: _____
Course No.: _____	Grade: _____	Course No.: _____	Grade: _____	Course No.: _____	Grade: _____

B. Assistantship Duties: **Please complete the FLSA status worksheet for Graduate Assistants and submit it along with this appointment form.**

	<u>Please Check</u>	<u>Cost Center #</u>	<u>Enter \$ amount if different</u>
C. Funding: _____ From Graduate Office	_____	regular	\$_____ \$19.04/hour or \$12,186 salary stipend
_____ From Department A	_____	_____	\$_____ \$19.04/hour or \$12,186 salary stipend
_____ From Department B	_____	_____	\$_____ \$19.04/hour or \$12,186 salary 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 #)

D. Residency Status: Resident _____

Non-Resident _____

E. Position Information:

Full-Time (20 hrs/week) _____	Please check one : Full Academic Year _____
Part-Time (10 hrs/week) _____	One Semester: Fall _____ OR Spring _____

Approval Signatures:

Graduate Program Committee Chair Date

Dean of the College Date

Department Chair Date

Dean of Graduate Studies Date