

Graduate Assistant Approval to Work Additional Job

Name:				
Assistantship Department:				
Indicate Job Type: (One)	On-Campus		Off-Campus	
#Hours Expected to Work Extra Job:				

Student ID #: _____

Degree and Major Seeking: _____

Department MS: _____

Location and Description of Duties for Additional Job:

Approval Signatures:

G.A. Supervisor (Print):	
Signature:	
Date:	

Vice Provost & Dean, School of Graduate Studies (Print)	
Signature:	
Date:	

For Office Use Only:			
GR GPA:		#Hours Completed	