



## GRADUATE ASSISTANT APPROVAL FORM

Departmental Office Completes This Section

Student's Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Check One & Attach Job Description      Teaching      Research      Administrative

Period of Appointment:    Beginning \_\_\_\_\_    Concluding \_\_\_\_\_

Recommended \_\_\_\_\_ Date \_\_\_\_\_  
(Department Chairperson/Director)

Department \_\_\_\_\_  
(Department/Unit)

Index Number \_\_\_\_\_ Department Code \_\_\_\_\_ Mail Stop \_\_\_\_\_

Funded By (Check One):      Department      School of Graduate Studies

- **Dean of College/Vice President Signature for Approval**

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Dean of College/Vice President)

- **School of Graduate Studies Completes This Section**

Degree \_\_\_\_\_ G.P.A. \_\_\_\_\_ Stipend \_\_\_\_\_

Conditions \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Dean, School of Graduate Studies)

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### FOR GRADUATE OFFICE USE

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Contract Issued \_\_\_\_\_ GR603 Required:    Yes    No

Fee Waiver IGA \_\_\_\_\_      In-State      Out-of-State

I.D. Sent \_\_\_\_\_ Workshop Letter Sent \_\_\_\_\_

Ethnicity \_\_\_\_\_ Semester/s:    1    2    3    4

E-mail \_\_\_\_\_ SSN \_\_\_\_\_