



## SUMMER GRADUATE ASSISTANT APPROVAL FORM

Departmental Office Completes This Section

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

Check One & Submit [Electronic Job Description Form](#):    Teaching    Administrative

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_

Stipend \$ \_\_\_\_\_ (Department must figure total stipend at \$11.875 hourly rate)

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

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

Banner Index \_\_\_\_\_ 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)

---

### FOR GRADUATE OFFICE USE

---

Contract Issued \_\_\_\_\_ In-State    Out-of-State

Fee Waiver IGA \_\_\_\_\_ E-mail \_\_\_\_\_

I.D. Sent \_\_\_\_\_ SSN \_\_\_\_\_

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