



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

Graduate Assistant Approval to Work Additional On-Campus Job

Name:	Student ID#:
E-mail:	Department MS:
Assistantship Department:	Degree Program/Major:

Additional On-Campus Job Information:

Supervisor Name:	Effective Dates: From _____ To _____
Number of Hours Expected to Work Additional Job per week: <i>(should be less than 10 hrs during Fall/Spring)</i>	Brief Description of Duties:
Additional Notes/Index Number	

Department Approval Information:

GA Supervisor (Print):	
Signature:	
Date:	

If Student will work in different department:

Supervisor (Print):	
Signature:	
Date:	

Please attach the **Student Employment Work Referral** form to this form before sending to Student Financial Services.

For International GA Only: *Immigration/DSO Approval*

Officer Name (Print):	Date :
Signature :	Note :

For Office Use Only:

GR GPA:		#Hours Completed	
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Vice Provost & Dean, School of Graduate Studies Signature:	
Date:	