



APPLICATION FOR GRADUATE ASSISTANTSHIP

Revised 03/21

Applicant Information: This section must be filled out by applicant.

First Name _____ Last Name _____ J Number J00

International? _____ College _____ Department _____

Applicant Signature _____ Date _____

Appointment Information: This section must be filled out by department/unit.

Student's Supervisor _____ J Number J00

College or Unit of Appointment _____ Department _____

Action Requested: New Appointment Reappointment Change in Funding Source

| Degree Level | Type of Assistantship (see GA policy for definitions and requirements) | | |
|--------------|--|-----------------------|-------------------------------|
| Masters | Graduate Research Assistant II | Graduate Assistant I | |
| | Graduate Teaching Assistant** | Graduate Assistant II | |
| Doctoral | Graduate Research Assistant I (Insurance)* | Graduate Assistant I | Graduate Teaching Assistant** |
| | Graduate Research Assistant II | Graduate Assistant II | |

*insurance funding: _____

**Requires Graduate Teaching Assistant Supplemental Appointment Form and a complete file. Refer to the Policy and Procedures for Graduate Assistantships for specific requirements.

Period of Appointment and Stipend Amount

Appointments must start on a Sunday and end on a Saturday. Appointments may not cross academic years.

Academic Year (YY-YY) _____ Stipend \$ _____

Please see Graduate Assistant Pay Calendar (<http://www.southalabama.edu/colleges/graduateschool/information.html>) for appropriate dates

Period Options: Fall Spring Summer Twelve months Other (MM/DD/YY – MM/DD/YY) _____

| Stipend Funding | | Tuition Funding | |
|---|----------------------------------|---|----------------------------------|
| Graduate School (110000-340100-4401) | Other* _____ (FUND-ORGN-PROG) | Graduate School (110000-340100-4401) | Other* _____ (FUND-ORGN-PROG) |
| | Other* _____ (FUND-ORGN-PROG) | | Other* _____ (FUND-ORGN-PROG) |

*If using a cost share, please indicate who will be covering? If Graduate School is covering, please attach approval documentation.

Approvals

Department Chair _____ Date _____ Director of Graduate Studies _____ Date _____

NOTE: This form should be submitted to the Graduate School office, AD 340 with a paper PA or when an EPAF is submitted. Paper PAs should be used for change in funding, termination, pay increase, and when the appointment dates fall outside of EPAF dates.

Graduate School Use Only

International Y / N Residency Code _____

Academic Status _____ Approval _____

