



GRADUATE ASSISTANTSHIP APPOINTMENT FORM

This form should be complete by the department.

International? First Name: _____ Last Name: _____

J Number: J00 _____ Email _____@jagmail.southalabama.edu Student's Program/Major: _____

Student's Supervisor: _____ Supervisor's J Number: J00 _____

College and Department for GA Funding: _____

Action Requested: New Appointment Reappointment Change in Funding Source

Degree Level: Masters Doctorate FTE: (see GA policy for definitions) Full-Time (0.5 FTE) Part-Time (0.25 FTE)

Type of Assistantship: (see GA policy for definitions and requirements)

Graduate Research Assistant I (Insurance)* Graduate Assistant I Graduate Teaching Assistant**

*Insurance funding: _____

Graduate Research Assistant II Graduate Assistant II

We expect this GA to be in unsupervised settings with students.

(If yes, a background check must be run at the department's expense)

This GA should complete FERPA training.

(FERPA training required for GAs with access to student grades)

**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

Graduate School (110000-340100-4401) Other* _____ (FUND-ORGN-PROG)
 Other* _____ (FUND-ORGN-PROG)

Tuition Funding

Graduate School (110000-340100-4401) 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.

If the student will be taking less than six hours, indicate which semester(s), how many hours, and provide a justification:

Other notes: _____

Approvals

Department Chair

Date

Director of Graduate Studies

Date

NOTE: This form should be submitted electronically to ashleygibson@southalabama.edu along with an EPAF.

Graduate School Use Only

International?: Residency Code _____ Academic Status _____ Approval _____