

iSchool **GRADUATE ASSISTANT** Appointment Form

STUDENT INFORMATION <i>(student must be enrolled in classes)</i>	
Name	
UID	
Email	
Degree Program	
Degree Level	___ Master's ___ PhD
Year Enrolled	

ASSISTANTSHIP INFORMATION	
iSchool Supervisor Name	
Nature of Assistantship	___ Teaching (Course#: _____ AND Term: _____) ___ Research (Project Name: _____) ___ Administrative (Unit Name: _____)
Term	___ 9.5-Month ___ 12-Month ___ Summer
Hours/Week	___ 10 ___ 20
Start Date*	
End Date*	
Funding Source	
Duties	

*\*9.5-month appointments must use semester start and end dates.*

APPROVAL SIGNATURES	
Supervisor	
Final Approver	
<i>Final Approvers: Teaching – Director of Academic Programs; Research – PI; Administrative – Unit Lead</i>	

**Submit completed form to Daisy Mason at [dcmason@umd.edu](mailto:dcmason@umd.edu) for Teaching or Administrative Assistants OR to iSchool Business Manager for Research Assistants.**