



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	
Highest Degree Earned	___ Bachelor's ___ Master's or higher

ASSISTANTSHIP INFORMATION – COMPLETED BY FACULTY/SUPERVISOR	
iSchool Supervisor Name	
Nature of Assistantship	___ Research (Project Name: _____) ___ Administrative (Unit Name: _____)
Term	___ 9.5-Month (check all that apply) ___ Fall Semester – Year: ___ (Aug 17 th thru Jan 7 th) ___ Spring Semester – Year: ___ (Jan 8 th thru May 31 st) ___ Summer Term – Year: ___ (June 1 st thru Aug 16 th) ___ 12-Month (Start Date: _____ and End Date: _____)
Hours/Week	___ 10 ___ 20
Funding Source*	
Duties	
Supervisor Signature*	

**If grant or contract funds, your signature certifies this GA appointment is directly related to the project and is within the scope of the approved budget.*

FUNDING – COMPLETED BY BUSINESS MANAGER (Name: _____)	
Account number	
Pay Periods	Start: _____ and End: _____

Submit completed form to your iSchool Business Manager at least two weeks prior to start date of appointment