



~Incomplete forms will be returned to supervisor and may delay processing~

Department Making Request _____ Date _____

Student Information

Name _____ Clarion Student ID No. _____
Last First Middle

Address _____ Graduate Program _____
This will be the mailing address for the offer letter and contract.

_____ Term Admitted _____

_____ Residency In-State Out-of-State International

Appointment Information

G.A. Supervisor _____ Phone Number _____

Work Hours Per Week: 10 hours 20 hours Hourly Rate _____

Term of Appointment: Fall 20__ Spring 20__ Both (does not include summer)

Has this individual held a graduate assistant position before? Yes No

If yes, please indicate where _____ and when _____

Attach Copy of Approved Job Description

Note: All graduate assistant appointments are offered on either a one semester or one academic year basis.

Source of Funding

All budget information below **MUST** be completed by GA supervisor, including SAP FC.

GA Waiver

- Approved University Allocation
- Auxillary Funded
- Externally/Grant Funded
- Work Site Funded*

SAP FC _____

GA Stipend

- Approved University Allocation
- Auxillary Funded
- Externally/Grant Funded
- Work Site Funded*

SAP FC _____

* Note: If the GA Waiver or GA Stipend is being covered by work site funding, you will need to move the funding into the GA Waiver Commitment Line: 5985 and/or the GA Stipend Commitment Line: 510581 by August 15. An e-mail notification will be sent to departments on August 1 with more details.

Graduate Office Use Only

Signature of Approval _____ Date _____

Date Contract Issued _____ Date Contract Returned _____ Accepted Declined

Financial Aid, Department, Student Accounts, and Student Payroll have been notified as of _____