



# GRADUATE ASSISTANTSHIP APPOINTMENT FORM

**Graduate Assistant Information:** This section must be filled out by student.

Name (Last, First)			J Number	
Mailing Address			Apt #	
City	State	Zip Code	Phone	Email
College			Department	
Appointee Signature _____			Date _____	

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

Contact Person		Phone	
College or Unit of Appointment		Department	
Action Requested	New Appointment	Reappointment	Change in Funding Source
Degree Level	Masters Doctoral	Type of Assistantship (see GA policy for definitions and requirements)	Research Graduate Assistantship Teaching Graduate Assistantship Graduate Assistant I Graduate Assistant II

**Period of Appointment and Stipend Amount:** Please see Graduate Assistant Pay Calendar on the Graduate School web site (<http://www.southalabama.edu/colleges/graduateschool/information.html>) for appropriate dates. Appointments must start on a Sunday and end on a Saturday. Appointments may not cross academic years.

Academic Year (YY-YY)	Stipend \$		
Period Options	Fall Semester	Spring Semester	Summer Semester
	Other (MM/DD/YY – MM/DD/YY)		
Stipend Funding	Graduate School (110000-340100-4401)	Tuition Funding	Graduate School (110000-340100-4401)
	Other (FUND-ORGN)		Other (FUND-ORGN)

**Approvals**

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

NOTE: This form should be submitted to the Graduate School office, AD 340, either 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	_____
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