



Graduate Assistantship Full-Time Workload Form (Student)

This form should be completed only for a student who enrolls in fewer than 9 semester hours and is hired as a Graduate Teaching Assistant (GTA), Graduate Research Assistant (GRA), or Graduate Assistant (GA).

Graduate students must carry a full-time workload each term to be eligible for a Graduate Assistantship. To be considered full-time, a GTA, GRA, or GA must register for and earn 9 credit hours, *or the equivalent*, each term. An equivalent full-time workload (fewer than 9 semester hours) is defined by each graduate program and may be met through a combination of courses, work, research, or special studies that is approved by the College/School Dean and Director of Financial Aid.

STUDENT INFORMATION (Completed by the Hiring Program or Unit)

Name: _____ ID Number: 917 _____
Program: _____ Program Department: _____
Program College/School: _____ Semester: Fall Spring Summer Year: _____
Hiring Department: _____ Hiring College/School: _____
Position: Graduate Teaching Assistant (GTA) Graduate Research Assistant (GRA) Graduate Assistant (GA)

PROGRAM-SPECIFIC ELIGIBILITY CRITERIA and COURSE ENROLLMENTS (Completed by the Faculty Advisor and Student)

Select the eligibility criteria that are applicable for this student and program of enrollment. Add brief notes, if needed.

- Courses _____
- Work _____
- Research _____
- Special Studies _____

Indicate the number of semester hours in which the student is enrolled for this term: _____

The signature of the student acknowledges the accuracy of the information related to this graduate assistantship.

Student _____ Date _____
Printed Name Signature

The signature of the Faculty Advisor verifies the accuracy of the eligibility criteria and hours of enrollment for this student.

Faculty Advisor _____ Date _____
Printed Name Signature

APPROVALS (Completed by the Hiring Supervisor, Hiring Dean or Unit Head, and Financial Aid Director)

Hiring Supervisor: _____ Date _____
Printed Name Signature

Hiring Dean or Unit Head: _____ Date _____
Printed Name Signature

Financial Aid Director: _____ Date _____
Printed Name Signature
