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 ___________________________________________ Printed Name ___________________________ Date __________

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

Faculty Advisor __________________________________ Printed Name ___________________________ Date __________

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

Hiring Supervisor: _____________________________________ Date __________

Hiring Dean or Unit Head: ______________________________ Date __________

Financial Aid Director: _________________________________ Date __________

Return completed form to the Financial Aid Department
Financial Aid Distribution List: Program Department and Hiring Department

Revised May 2012