

GRADUATE ASSISTANTSHIP APPOINTMENT FORM

This form should be compl	ete by the department/unit				
International? Fig. 6	Last Name:				
J Number: J00	Email@jagmail.southalabama.edu Student's Program/Major:				
Student's Supervisor: _		Su	pervisor's J Numbe	r: J00	
College or Unit of Appo	ointment:		Department:		
Action Requested: Degree Level: Mast FTE: (see GA policy for definit Type of Assistantship: Graduate Research *Insurance funding: Graduate Research We expect this GA to **Requires Graduate Teach Assistantships for specific re	New Appointment Pers Doctorate Ions and requirements) Full- (see GA policy for definitions and refunctions and requirements.	Reappointment Time (0.5 FTE) requirements) Graduate Assista Graduate Assista s with students. (If yes,	☐ Change in Fundi Part-Time (0.25 FTE Int I ☐ Gra Int II a background check me	ng Source) duate Teachi	ng Assistant** department's expense)
Academic Year (YY-YY)	t and Stipend Amount: on a Sunday and end on a Sature : unt Pay Calendar (http://www.	Stip	end: \$		
Period Options: \Box Fall	□Spring □Summer □	\Box Twelve months \Box 0	Other (MM/DD/YY – N	/IM/DD/YY)	
Stipend Funding		Tui	tion Funding		
Graduate School (110000-340100-4401) *If using a cost share, ple	☐ Other*(FUND-ORGN-P ☐ Other*(FUND-ORGN-P ease indicate who will be co	PROG)	Graduate School (110000-340100-4401) hool is covering, pleas	□Other* _	(FUND-ORGN-PROG) (FUND-ORGN-PROG) oval documentation.
Approvals					
Department Chair	Date	Dir	ector of Graduate S	tudies	Date
	submitted electronically to ash mination, pay increase, or whe	· -			aper PAs should be used
Graduate School Use On	ly				
International?:	Residency Code	Academic St	atus	Approval	