

GRADUATE ASSISTANTSHIP APPOINTMENT FORM

This form should be com	plete by the departm	ient/unit				
International?	First Name:		Last Name:			
J Number: J00	Email	Email@jagmail.southalabama.edu Student's Program/Major:				
Student's Supervisor:			Supervisor's J Number: J00			
College or Unit of Ap	pointment:		Department:			
Action Requested:	New Appointm	ent 🗌 Reappointm	ient 🛛 Change in Fundi	ng Source		
Degree Level: 🗆 Mas	sters 🛛 Doct	orate				
FTE: (see GA policy for defir	nitions and requirements)	□ Full-Time (0.5 FTE)	🗆 Part-Time (0.25 FTE)		
Type of Assistantship	: (see GA policy for defini	tions and requirements)				
Graduate Research	n Assistant I (Insura	ance)* 🛛 Graduate	Assistant I 🛛 🗆 Gra	duate Teachir	ng Assistant**	
Graduate Research	n Assistant II	□ Graduate	Assistant II			
*insurance funding:						
**Requires Graduate Teau Assistantships for specific		nental Appointment Form (and a complete file. Refer to the	Policy and Proce	edures for Graduate	
Period of Appointme	nt and Stipend Am	ount:				
Appointments must start	on a Sunday and end o	n a Saturday. Appointment	ts may not cross academic years			
Academic Year (YY-Y)	():		Stipend: \$			
Please see Graduate Assis	tant Pay Calendar (<u>htt</u>	p://www.southalabama.ed	lu/colleges/graduateschool/infc	ormation.html) fo	or appropriate dates	
Period Options: □Fal	I □Spring □Sum	imer Twelve month	s \Box Other (MM/DD/YY – N	/M/DD/YY)		
Stipend Funding			Tuition Funding			
Graduate School (110000-340100-4401)	□Other* (FUN □Other*	ID-ORGN-PROG)	Graduate School (110000-340100-4401)	\Box Other* _	(FUND-ORGN-PROG)	
		ID-ORGN-PROG)			(FUND-ORGN-PROG)	
*If using a cost share, p	lease indicate who v	vill be covering? If Gradu	uate School is covering, pleas	se attach appro	val documentation.	
Approvals						
Department Chair		Date	Director of Graduate S	tudies	Date	
			nalabama.edu along with an epa rease, or when the appointmen			
Graduate School Use C	Only					
International?: 🗌	Residency Code	e Acade	emic Status	Approval		