

# Academic Graduate Assistant Request Form

*Preferred request deadline to the Graduate College is June 1<sup>st</sup> for the upcoming fiscal year.*

**Before submitting this form to the Graduate College you must complete the following:**

1. Initiate a background check through Self Service Banner. You will receive an email once the student has receive a clear background check. Date background check cleared \_\_\_\_\_
2. Once you have initiated a background check send the student to Human Resources to complete/update Human Resources paperwork. Date HR paperwork completed \_\_\_\_\_

**Failure to complete the above requirements will result in this form being returned to you and delaying the student’s start date. Students may not begin work prior to receiving a clear background check and the completion of their HR paperwork.**

Requesting Program/Office: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

*If you do not have an allocated position filled by May 1<sup>st</sup>, you must submit a request for an extension via email to the Graduate College. Upon filling the position, please send this form to [gradcollege@atu.edu](mailto:gradcollege@atu.edu)*

Student Name: \_\_\_\_\_ Student Degree Program: \_\_\_\_\_

Student T#: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Student ATU Email: \_\_\_\_\_

First and last day of work for assistantship\*: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*mm      dd      yyyy      mm      dd      yyyy*

*\*Supervisors should initiate background checks. Students may not work prior to receiving a clear background check and the completion of their HR paperwork or beyond their graduation date.*

Are you holding another paid position at Arkansas Tech University? Yes  No

If yes, please answer the following:

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hours/week working: \_\_\_\_\_

Stipend Amount	Source	Percentage
	(For budgets other than Graduate College, list budget title and code)	(must total 100%)
_____	<input type="checkbox"/> Graduate College	_____ %
_____	<input type="checkbox"/> Other _____	_____ %
_____	<input type="checkbox"/> Other _____	_____ %

**Tuition Waiver:** *(Only Graduate Level Courses can be waived)*

TERM	HOURS	SOURCE (For budgets other than Graduate College, list budget title and code)	
Summer II	<u>0 - 3</u>	<input type="checkbox"/> Graduate College	<input type="checkbox"/> Other _____
Fall	<u>6 - 9</u>	<input type="checkbox"/> Graduate College	<input type="checkbox"/> Other _____
Spring	<u>6 - 9</u>	<input type="checkbox"/> Graduate College	<input type="checkbox"/> Other _____
Summer I	<u>0 - 3</u>	<input type="checkbox"/> Graduate College	<input type="checkbox"/> Other _____

**Total Tuition Waiver hours not to exceed 18 hours per academic year (July 1 – June 30)**

# Academic Graduate Assistant Request Form

*Preferred request deadline to the Graduate College is May 1<sup>st</sup> for the upcoming fiscal year.*

Please indicate below those areas, along with percentages, that will apply to the work of the requested Graduate Assistant (GA).

**Research/Scholarship Assistance Percentage:** \_\_\_\_\_

Describe research/scholarship work, expected deliverable and completion date indicating the number of semesters needed for this GA's work to be completed (no more than 4 semesters). Indicate any department funds that will be provided or grant funds that will assist with the support.

Detail: \_\_\_\_\_

**Teaching Assistance Percentage:** \_\_\_\_\_

Indicate the courses and number of sections the GA will be assist in teaching. Provide a detailed description of teaching.

Detail: \_\_\_\_\_

**The student and supervisor are advised that until the processes initiated by this form are complete, the student is not eligible to work.**

**Signatures:**

Graduate Program Director/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_