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| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Banner ID #: | 82 |
| *Last* | *First* | *MI* |

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| Check One: | Resident  Non-Resident  US Citizen | | | | | | | | | |
| Social Security #  (Last 4 digits ONLY) | | | | Date of Birth(MM-DD-YYYY) | | Race | Sex | | Veteran | |
|  | | | |  | |  | M   F | | Yes   No | |
| Current Major or Degree Program: | | | | |  | | | | | |
|  | | | | | | | | | | |
| Highest Earned Degree: | |  | | | | | | HED Granted (DATE): | |  |
| Institution Granting HED: | | |  | | | | | | | |
| Area or Major of HED: | | |  | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract Period: | | | | | From: | | | Click here to enter a date. | | | | | | | | | | To: | | | Click here to enter a date. | | | | | | | Contract Amount: | | | |  | | | | |
| Item | Fund Number | | | | | | Account Number | | | | | | Program Code | | | Organization Code | | | | | | | Amount | Banner Position  Number | | | | | | | PMIS Position  Number | | | | | |
| **Ex.** | **2** | **0** | **1** | **5** | **8** | **0** | **6** | **1** | **3** | **1** | **0** | **0** | **1** | **0** | **1** | **1** | **0** | | **7** | **1** | | **9** |  |  |  |  |  | |  |  |  | |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |

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| Provide a brief description of the type of Assistantship: (Teaching, Research, Administrative) | |
|  | |
|  | |
| Expected Outcomes for Research,  Teaching/Course or Project Assistance: |  |

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| ***THIS CONTRACT MUST BE PROCESSED THROUGH THE APPROVALS, AS NUMBERED BELOW, AND ALL REQUIRED SIGNATURES MUST BE OBTAINED PRIOR TO THE CONTRACT BEING ENTERED INTO THE PAYROLL SYSTEM.*** |

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| 1. |  | | |  |  |  | 1A. |  | | | |  |  |
|  | *Requester/Principal Investigator/Dept. Head* | | |  | *Date* |  |  | *Title III Officer (If Applicable)* | | | |  | *Date* |
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| 2. |  | | |  |  |  | 3. |  | | | |  |  |
|  | *Academic Dean* | | |  | *Date* |  |  | *Dean of Graduate Studies* ***(REQUIRED)*** | | | |  | *Date* |
|  |  | | |  |  |  |  |  | | | |  |  |
| 4. |  | | |  |  |  | 5. |  | | | |  |  |
|  | *Scholarships and Student Aid* | | |  | *Date* |  |  | *Provost/Vice Chancellor* | | | |  | *Date* |
|  | | | | | | | | | | | | | |
|  | | 6. |  | | | | | |  |  |  | | |
|  | |  | *Budget Office / Contracts and Grants* | | | | | |  | *Date* |  | | |

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| Click here to enter a date. |
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|  |
| *Name* |
|  |
| *Address* |
|  |
| *City, State, Zip* |

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| Dear      , |

I am pleased to offer you an appointment as Graduate Assistant in the at a salary of $     . This salary will be paid for services rendered from Click here to enter a date. to Click here to enter a date.. Checks will be issued on the last working day of each month beginning Click here to enter a date.. You should report to       in the Department of       for work beginning Click here to enter a date.. If you accept this appointment, please sign the acceptance statement below.

Very truly yours,

|  |
| --- |
|  |

Dean of Graduate Studies

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| --- |
|  |
| *Date* |

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| ***NOTE:***  *WHEN THE GRADUATE STUDENT IS NO LONGER ELIGIBLE TO RECEIVE THIS ASSISTANTSHIP AND/OR THE GRADUATE STUDENT FAILS TO FULFILL THE REQUIREMENTS OF THE CONTRACT, THE SUPERVISOR MUST SEND AN EMAIL TO THE DEAN OF GRADUATE STUDIES NOTIFYING OF SUCH. THE DEAN OF GRADUATE STUDIES WILL FORWARD THIS INFORMATION TO THE HUMAN RESOURCES DEPARTMENT AND THE CONTRACT WILL BE CANCELLED.* |

**ACCEPTANCE OF GRADUATE ASSISTANTSHIP**

I accept this offer of employment under the terms stated above and agree to complete the requirements of the work assignment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name: |  |  |  | |
|  |  |  |  | |
| Signature: |  |  | Date: |  |
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