GRADUATE ASSISTANT REGISTRATION VOUCHER

Semester_____
Year_____

Name of Assistant:_____
Last First Middle Initial

Social Security Number_____

Scheduled to work for:_____ Department:_____
Faculty Member's Name

The G.A. named above will work _____hours per week for_____ weeks, for tuition remission of _____, charged to the appropriate budget code.

Approved By:_____ Date:_____
Signature of Department Chairman

Confirmed By:_____ Date:_____
Signature of Dean of Graduate Studies

When this form is signed by the Department Chairman, it is given to the Graduate Assistant to present with registration materials.

If there is any change in work status, the Department Chairman and the Office of Graduate Studies must be notified immediately.

One Unit Stipend:
4 hours/week for 14 weeks $775.00

G.A. Complete Name & Address:_____

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Rev. 8/2008