

## Project/Teaching/Research Assistant Appointment Form

Prefix (Mr/Ms): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Select One: \_\_\_\_\_ Teaching Assistant \_\_\_\_\_ Project Assistant \_\_\_\_\_ Research Assistant

Department: \_\_\_\_\_

Select One: \_\_\_\_\_ Annual Appointment \_\_\_\_\_ Academic Appointment

Academic Year: 20 \_\_\_\_ — 20 \_\_\_\_

Term Begin Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_

Stipend Amount: \$ \_\_\_\_\_ Percentage of Employment: \_\_\_\_\_

Full Time Rate: \$ \_\_\_\_\_

Select One: \_\_\_\_\_ Non-Doctoral \_\_\_\_\_ Doctoral

Is student currently employed on campus? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, where? \_\_\_\_\_

Is student approved for dissertator status? \_\_\_\_\_ YES \_\_\_\_\_ NO

Required Credits: \_\_\_\_\_ Actual Student Credit Load: \_\_\_\_\_

Contractual Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Supervisor (Professor): \_\_\_\_\_

Number of Hours (Select One): \_\_\_\_\_ 180-190 (25%) \_\_\_\_\_ 240-254 (33%) \_\_\_\_\_ 360-380 (50%) \_\_\_\_\_ Other

### Funding Source

Description of Funding Source	_____
Fund	_____
Organization (UDDS)	_____
Program (Activity)	_____
Project/Grant	_____

### **Both Signatures Required**

\_\_\_\_\_  
Supervisor/Professor Signature (date)

\_\_\_\_\_  
Associate Dean Signature (date)