

University of Central Arkansas The Graduate School

University of Central Arkansas GRADUATE	Т	he Graduate Scho	ol	
RECOMMENDATION FOR GRADUATE ASSISTANTSHIP WITH <u>NO TUITION SCHOLARSHIP</u> Please complete, print and sign. Return to UCA Graduate School. A <u>separate form</u> must be completed for each source of funding.				
Student's Name		UCA ID#		
Student's <mark>UCA</mark> Email (R	EQUIRED)			
Student's Graduate Degr	ee Program (must be	admitted with full qualific	ations)	
Hiring Department		GA Supervisor		
Student is recommended	for: appointment	reappointment	Type of Assista	antship
Dates of Appointment (m	m/dd/yy)	through	NOTE: separat	e PAF's required for each fiscal year
Funded by a Grant? No Select the grant's source		f yes, Grant Title		
Salary Total:	Banner D	ept. Index or Grant A	Account #	(XXX050 for Research)
Salary Expense Ac	ccount #	(640100-Other, 640	0110-Teaching, 640120-I	Research, 640900 Grant)
Number of hours to work per week	(Impo	ortant: GA must be f	ull-time to be eligible	for non-resident fee waiver)
Will this student be gradu	•			
(Students not in their last Justification for ANY exce				
Dept. Chair or P.I. Signature			Date	
	GRADUATE S	CHOOL OFFICE US	EONLY	
Date Full Qu	al.? Yes () No	() Reason		
Residency	Enrolled in	hours Term	: Fall () Spring ()	Summer ()
Gender: M or F Ethn	icity			

 Approved: Yes ()
 No ()
 Reason for disapproval_____

 Ready for email_____
 Email sent by(initials)_____
 Date email sent_____