



University of Central Arkansas
The Graduate School

RECOMMENDATION FOR GRADUATE ASSISTANTSHIP WITH NO TUITION SCHOLARSHIP

Please complete, print and sign. Return to UCA Graduate School.
A separate form must be completed for each source of funding.

Student's Name

UCA ID #

Student's UCA Email (REQUIRED)

Student's Graduate DEGREE Program

(must be admitted with full qualifications, Certificate programs are NOT eligible)

Hiring Department

GA Supervisor

Student is recommended for: appointment reappointment Type of Assistantship

Dates of Appointment (mm/dd/yy) through

NOTE: separate PAF's required for each fiscal year

If the student is only working selected dates during this appointment period, attach a weekly schedule indicating when the student will be working and for how many hours each week. Calculate and include the total number of hours to be worked over the course of the appointment period.

Funded by a Grant? No Yes If yes, Grant Title

Select the grant's source of funds:

Salary Total: Banner Dept. Index or Grant Account # (XXX050 for Research)
Salary Expense Account # (640100-Other, 640110-Teaching, 640120-Research, 640900 Grant)

Number of hours to work per week (Important: GA must be full-time to be eligible for non-resident fee waiver)

Will this student be graduating at the end of this appointment period? No Yes

(Students not in their last semester should be enrolled in no less than 9 credit hours)

Justification for ANY exception must be attached for Graduate Dean's approval)

Dept. Chair or P.I. Signature

Date

GRADUATE SCHOOL OFFICE USE ONLY

Date Full Qual.? Yes () No () Reason

Residency Enrolled in hours Term: Fall () Spring () Summer ()

Gender: M or F Ethnicity

Approved: Yes () No () Reason for disapproval

Ready for email Email sent by(initials) Date email sent