# RECOMMENDATION FOR GRADUATE ASSISTANTSHIP
## WITH <u>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 **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 <u>selected</u> dates during this appointment period, attach a weekly schedule indicating when the student will be working and for how many hours each week.  <u>Calculate and include the total number of hours to be worked over the course of the appointment period</u>.

If Grant Funded, provide 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)

**Tuition Scholarship Amount:**

**Source of tuition scholarship funding is:**    **DEPT.**     **GRANT**   if Grant, provide grant account #

*********************** Maximum TUITION SCHOLARSHIP per term: (do NOT enter salary amount here) ***********************

| Fall | Fall award | Spring | Spring award | **May,S1,10 wk etc.** award | Sum 2 | Sum 2 award |
|------|-----------|--------|--------------|-----------------------------|-------|-------------|

Number of hours to work        **(Important:  GA must work 20 hr/wk 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)

Recommendation                            Date
     from

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## 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_____

revised Sept. 2016

Student Name                                                    UCA ID

Initial Award            Reappointment            Total Tuition Scholarship amount

Selection Committee's justification for G.A. Tuition Scholarship: (check all that apply)

Recruitment Incentive                    Compensation for teaching

Student Interest                              To be competitive with other depts. or institutions

Student experience and/or skill set      Doctoral student

Other (please explain)

**FOR REAPPOINTMENTS ONLY:** Do you have available for review, documentation of a formal evaluation
conducted at the conclusion of the previous G.A. appointment period?  **YES**                **NO**

If you mark YES, *documentation must be available **in your department** for review by the Scholarship Compliance Coordinator*.

If NO formal evaluation documentation is available,
please provide an explanation describing how the student qualifies for reappointment.

List of G.A. Selection Committee Members:

Approved by:

Type
Name

Title                                                              Date:

**If you are offering a <u>G.A. tuition scholarship</u>,
you MUST complete this page and submit it with the
G.A. Recommendation form to the Graduate School.** rev 9-2016