



**RECOMMENDATION FOR GRADUATE ASSISTANTSHIP WITH 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 \_\_\_\_\_ Student's **UCA** Email \_\_\_\_\_  
UCA ID # \_\_\_\_\_ Student's Graduate DEGREE Program \_\_\_\_\_  
Hiring Department \_\_\_\_\_  
Faculty Supervisor \_\_\_\_\_ Faculty Supervisor's UCA ID# \_\_\_\_\_ **(REQUIRED)**

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 (PAF) 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: A GA must work 20 hours per week to be eligible for an out of state fee waiver**

Will this student be **graduating at the end of this appointment period?** No      Yes  
**Students in their final semester or those who have only thesis/dissertation hours remaining may be enrolled in less than 9 credit hours. All other full-time GA positions (20 hours/week) must attach a justification for the Graduate Dean to approve an exception to the policy.**

Dept. Chair or P.I. \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_  
.....

**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 \_\_\_\_\_

## G.A. TUITION SCHOLARSHIP INFORMATION

Student's Name

UCA ID #

Initial Award                  Reappointment

Source of tuition scholarship funding is:      DEPT.                  GRANT - provide grant account #

If Grant Funded, provide grant title

**Select** the grant's source of funds:

**TOTAL Scholarship \$ Amount** for the entire appt. period or  
**maximum credit hours per semester**  
*examples: "up to \$7,000" or, "up to 9 credit hours/semester"*

**Select the term below:**

**Enter the maximum tuition scholarship  
for each individual term below:**

Fall

Fall award

Spring

Spring award

May, Summer 1, 10, & 13 week

May, Summer 1, 10, & 13 week

\*Summer 2

\*Summer 2 award

**\* Summer 2 terms are in a new fiscal year (starts July 1st).  
Scholarships will be paid out of the new year's allocation.**

### **Justification for G.A. Tuition Scholarship: (check all that apply)**

Recruitment Incentive

Teaching experience

Student Interest

To be competitive with other depts. or institutions

Student experience and/or skill set

Doctoral student

Other (please explain)

**FOR REAPPOINTMENTS ONLY:** ATTACH a copy of the written GA evaluation performed for the student at the end of their previous appointment period. The Director of Compliance must review the department's evaluation prior to approving a reappointment.