

RECOMMENDATION FOR GRADUATE ASSISTANTSHIP without SCHOLARSHIP

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		Student's UCA B	Email	
UCA ID#	Student's Graduate DE	GREE Program		
Hiring Department				
Faculty Supervisor		Faculty Supervisor's UCA ID#		(REQUIRED,
Student is recommended for: appointment		reappointment	Type of Assistantsh	nip
Dates of Appointment (m	nm/dd/yy)	through	NOTE: separate	PAF's required for each fiscal ye
indicating when the s		and for how many	nment period, attach a v hours each week. <u>Cald</u> appointment period.	
Funded by a Grant? No	Yes If yes, G	rant Title		
Select the grant's source	e of funds:			
Salary (PAF) Total:	Banr	ner Dept. Index or	Grant Account #	(XXX050 for Research)
Salary Expense Account	# (64010	0-Other, 640110-Tea	aching, 640120-Research,	640900 Grant)
Number of hours o work per week	•	ant: A GA must wo	ork 20 hours per weel state fee waiver	<
Will this student be gra e Students in their final ser ess than 9 credit hours. Graduate Dean to appro-	mester or those who h All other full-time GA	ave only thesis/dispositions (20 hours	sertation hours remaini	•
Dept. Chair or P.I. Signature			Date	
		HOOL OFFICE US		
Date Full Qu	ual.? Yes () No () Reason		
Residency	Enrolled in	hours Term	: Fall () Spring ()	Summer ()
Gender: M or F Ethn				
Approved: Yes() No		proval		
Ready for email				