

**University of Central Arkansas  
The Graduate School**

**RECOMMENDATION FOR GRADUATE ASSISTANTSHIP**  
*Please complete, print and sign. Return to UCA Graduate School.*

Student's Name \_\_\_\_\_ UCA ID# \_\_\_\_\_  
Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_  
Student's Graduate Degree Program (must be admitted with full qualifications) \_\_\_\_\_  
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  
    Additional dates (if there is an unpaid break in the appointment) \_\_\_\_\_ through \_\_\_\_\_  
Funded by a Grant? No      Yes      If yes, Grant Title \_\_\_\_\_  
Stipend Total: \$ \_\_\_\_\_ \$0.00 if not applicable      ( \_\_\_\_\_ monthly for \_\_\_\_\_ months)  
Banner Dept. or Grant Account Number \_\_\_\_\_ Stipend Expense Account Number \_\_\_\_\_

<b>Tuition Scholarship</b> Total: \$ _____		\$0.00 if not applicable				
<b>Maximum TUITION allowance per term: (do NOT enter stipend amount here)</b>						
Sum 2 only	Sum 2 \$	Fall	Fall \$	Spring	Spring \$	May & Sum 1 & 10 week

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./Program Recommendation \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_  
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**GRADUATE SCHOOL OFFICE USE ONLY**

Date \_\_\_\_\_ current GPA \_\_\_\_\_ Academic Status \_\_\_\_\_ # of hrs. registered \_\_\_\_\_  
Full Qual.? Yes ( ) No ( ) Gender: M or F Ethnicity \_\_\_\_\_ Residency \_\_\_\_\_  
Academic Approval: \_\_\_\_\_  
Disapproval: This Student is **NOT** recommended because \_\_\_\_\_  
Signed: \_\_\_\_\_