

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 Em	ail	
UCA ID #	Student's Graduate DEGREE Program			
Hiring Department				
Faculty Supervisor		Faculty Supervisor's UCA ID# (REQ		
Student is recommended	for: appointment	reappointment	Type of Assistantship	C
Dates of Appointment (m	m/dd/yy)	through	NOTE: separate P	AF's required for each fiscal year
•	udent will be working	and for how many ho	ent period, attach a we ours each week. <u>Calcu</u> p <u>pointment period.</u>	•
Funded by a Grant? No	•	rant Title		
Select the grant's source	of funds:			
Salary (PAF) Total:	Banr	er Dept. Index or Gra	ant Account #	(XXX050 for Research)
Salary Expense Account	# (64010)	0-Other, 640110-Teach	ing, 640120-Research, 6	640900 Grant)
Number of hours to work per week		ant: A GA must work ligible for an out of st	20 hours per week ate fee waiver	
Will this student be grad Students in their final sen less than 9 credit hours. A Graduate Dean to approv	nester or those who h All other full-time GA p	ave only thesis/disse positions (20 hours/w	rtation hours remaining	
Dept. Chair or P.I. Signature		Date		
	GRADUATE SCI	HOOL OFFICE USE	ONLY	
Date Full Qu	al.? Yes() No() Reason		
Residency	Enrolled in	hours Term: F	Fall () Spring ()	Summer ()
Gender: M or F Ethn	icity			
Approved: Yes () No	() Reason for disapp	oroval		
Ready for email				