



SOUTHERN CONNECTICUT STATE UNIVERSITY

Graduate Assistant Appointment Form



Original Revised

Name: _____
Last First MI

Address: _____
Street

_____ City State Zip

Phone: _____ Email: _____
Home Phone Number

_____ Banner ID: _____
Campus Phone Number

Birthdate: _____

Employee ID: _____

Department _____ Student's Degree/Program of Study: _____
(For which appointment is being made)

Semester of Appointment _____ Registered Credits for the Semester: _____

Appointment Dates: Beginning: _____ End: _____

Total Salary for Current Semester: \$2,400 (10 hours /week) \$4,800 (20 hours/week)
 \$600 (Supplement applies to half-time GSGA and GRF in Graduate Studies only) \$1,200 (Supplement applies to FT GSGA in Graduate Studies Only)

Please Include A Detailed Description Of Duties/ Assignments (Provide Attachment if Necessary)

Check One: Assist in Teaching Research Other

Funding Information: _____ Fund # _____ Organization # _____ Account # _____ Program # _____

Approvals

Chairperson / Department Head _____ Date: _____

Dean / Admin Officer _____ Date: _____

Graduate Dean _____ Date: _____

Provost (or designee) _____ Date: _____

Sponsored Research (Applicable only if grant funded) _____ Date: _____

Chief Human Resources Officer (or designee) _____ Date: _____