

College of Law - Graduate Assistant

APPOINTMENT & REAPPOINTMENT FORM

Priority Appointment Deadlines

Fall Semester: August 1 | Spring Semester: December 1 | Summer Semester: May 1

Deadline to receive tuition waivers

Fall Semester: September 25th | Spring Semester: January 31 | Summer Semester: June 30

Tuition waivers will not be applied after these dates.

Name:		PantherCard ID:	
Residency Status: <input type="checkbox"/> In-State <input type="checkbox"/> Out of State		Email:	
Supervisor:		Appointment Type:	
Department:		<input type="checkbox"/> Graduate Research Assistant – Faculty Research <input type="checkbox"/> Graduate Research Assistant – Program/Center <input type="checkbox"/> Graduate Administrative Office/Technical/Library Assistant	
Academic Year (Fall&Spr) 20_____ - 20_____	Fall Semester Only 20_____	Spring Semester Only 20_____	Summer Semester 20_____
<input type="checkbox"/> Academic Year - ½ Tuition Waiver - \$2,000 (240-300 hours per year) <input type="checkbox"/> Academic Year - Full Tuition Waiver-\$4,000 (240-480 hours per year)	<input type="checkbox"/> Fall - ½ Tuition Waiver - \$1,000 (120-150 hours per term) <input type="checkbox"/> Fall - Full Tuition Waiver - \$2,000 (120-240 hours per term) <input type="checkbox"/> Fall - No Tuition Waiver - \$_____ (<120 hrs)	<input type="checkbox"/> Spr - ½ Tuition Waiver - \$1,000 (120-150 hours per term) <input type="checkbox"/> Spr - Full Tuition Waiver - \$2,000 (120-240 hours per term) <input type="checkbox"/> Spr - No Tuition Waiver - \$_____ <120 hrs)	<input type="checkbox"/> Sum - ½ Tuition Waiver-\$500 (60-75 hours per term) <input type="checkbox"/> Sum - Full Tuition Waiver-\$1,000 (60-120 hrs) <input type="checkbox"/> Sum - No Tuition Waiver - \$_____ (<60 hrs)

**Please note that all graduate assistants are responsible for applicable student fees. Tuition waivers are not considered taxable income.*

I have read and understand the requirements and policies for Graduate Research Assistantship in the College of Law. I understand that I may not serve in any other employment category in another department or college except as a GRA. I understand that withholding of taxes from my salary will vary depending on my tax filing status and that a tuition waiver will not be applied to my account after the semester deadline date.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY FACULTY SUPERVISOR or DEPARTMENT HEAD

I certify that I am employing the above student as a graduate research assistant for the semester(s) indicated.

For applicable faculty members: I AM/AM NOT (please circle one) requesting additional funding outside of my faculty development account to support this appointment.

Requestor Signature: _____ **Date:** _____

Return Completed Forms to Room 407 UL

FOR OFFICE USE ONLY

<p style="text-align: center;">Student Academic Eligibility</p> <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible Reason _____ By _____ Date _____	<p style="text-align: center;">Charge To:</p> <input type="checkbox"/> 09LINS2 <input type="checkbox"/> 09LAEP2 <input type="checkbox"/> 09LRJ2 <input type="checkbox"/> 09CLHS1 <input type="checkbox"/> 09CNCR2 <input type="checkbox"/> 09LTAX2 <input type="checkbox"/> 9LLIB2 <input type="checkbox"/> GF000DL073 <input type="checkbox"/> _____	<p style="text-align: center;">Budget Approval</p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason _____ By _____ Date _____
--	--	---