

**GRADUATE STUDENT ADDITIONAL ASSIGNMENT
REQUEST FORM**

This form should be completed by someone who has direct knowledge of both the student's primary appointment and the proposed additional appointment. It **should not be** completed by the student. Please respond to the following questions.

1. Student's Name

2. In what Graduate Program is the student enrolled?

3. Graduate Student is enrolled as:

Full Time as a Doctoral Candidate
 Part Time as a Masters Candidate

4. Who is paying the student's tuition and fees?

Department
 Student

5. Who is paying for the student's health insurance for the current academic year?

Department
 Student
 Not required

6. What department or graduate program provides the student's primary support?

7. What job classification does the student have in this department?

Graduate Assistant
 Graduate Student Trainee
 Other (explain) _____

8. What is the primary source of the student's compensation?

Federal
 Institutional (Includes all university funds)

If federal, please provide the grant title and the funding agency.

9. If there is a supplement to the primary funding, provide the amount and source.

10. In what department or graduate program is the student's proposed additional assignment?

11. What job classification will the student have in the secondary assignment?
 Graduate Assistant
 Graduate Student Trainee
 Other (explain) _____

12. What is the source of funding for the student's additional assignment?
 Federal
 Institutional (Includes all university funds)

If federal, please provide the grant title and the funding agency.

13. When will the proposed additional assignment end?

14. What is the student's annual compensation from the primary assignment?
\$ _____

15. What is the student's annual compensation from the additional assignment?
\$ _____

15. How many hours per week will the student expect to commit to each assignment?
_____ Primary assignment _____ Additional assignment

16. Does the student have any more active assignments other than the proposed additional assignment?
 Yes
 No

If yes, please provide the job title, assignment category, and department.

Signature of preparer Date e-mail

Signature of Program Director Date e-mail

Signature of Mentor/Advisor Date e-mail

NOTE: Graduate Assistants and Graduate Student Assistants cannot work more than **20 hours** per week if they are registered as full time students. Graduate Student Trainees are automatically considered to be full time students and cannot work more than **10 hours** per week outside their primary commitment to meet the requirements of their training program.

This form should be signed by the graduate program director **and** the student's advisor.