Graduate Assistantship Request Form

Deadline: July 31st for Fall; December 15th for Spring
Use this form for requesting a Graduate Assistant position.

Department/Area: _____

School/Division: _____

Supervisor of G.A. _____
Telephone _____

Graduate Assistant (if known) _____
CCSU ID#: _____

Type of Assignment
Research _____

Teaching (Assisting in class only) _____
(Please include course number and instructor with whom GA will work.)

Laboratory _____

Service/Partnership _____

Describe Duties and Responsibilities:

Goals and Objectives:

Evaluation procedures to be used by the supervisor to determine overall effectiveness of the Graduate Assistant and assignment:

Required Signatures:

_____ _____
Department Chair or Division Head **Date** **Approve**

_____ _____
Approval Signature from Funding Source **Date** **Approve**

Banner Index: _____

_____ _____
Assoc. V.P. Academic Affairs/Dean, Graduate School **Date** **Approve**