Application for Graduate Assistant

LAST NAME: ___________________________ FIRST NAME: ___________________________

STUDENT ID: ______________ PHONE: __________________ TERM: __________________

MAJOR: ______________ EMAIL: __________________

Position you would like to apply for. Please list in order of preference.

<table>
<thead>
<tr>
<th>COURSE NUM</th>
<th>COURSE TITLE</th>
<th>INSTRUCTOR</th>
<th>INSTRUCTOR SIGNATURE</th>
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If I receive the position as a Graduate Assistant, I agree to:

- Punch my time card in and out every time I come to work and leave work.
- Assist the professor in any class work.
- Assist in administering the Evaluation Survey at the end of semester.
- Record the attendance for the whole semester.
- Accept payment for my work after the end of the semester.
- Any action that facilitates academic dishonesty is considered cheating.
- The school provides a GA position only when there are more than 15 students enrolled in that class.

- Only the HR manager has the authority to sign on my time card to confirm my working hours.

- I have read the Graduation Assistant Mission and Policies, and agreed on the terms therein. I will complete my GA work in accordance with the Graduation Assistant Mission and Policies.

STUDENT SIGNATURE: _________________________________ DATE: ______________