

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.*

COURSE NUM	COURSE TITLE	INSTRUCTOR	INSTRUCTOR SIGNATURE

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:** _____