UNIVERSITY OF SOUTH ALABAMA

GRADUATE ASSISTANTSHIP APPOINTMENT FORM

This form should be complete by the department.

International? ☐ First Name: _____ Last Name: _____

J Number: J00_____ Email _____@jagmail.southalabama.edu Student's Program/Major: _____

Student's Supervisor: _____ Supervisor's J Number: J00_____

College and Department for GA Funding: _____

Action Requested: ☐ New Appointment ☐ Reappointment ☐ Change in Funding Source and/or Stipend Amount

Degree Level: ☐ Masters ☐ Doctorate FTE: *(see GA policy for definitions)* ☐ Full-Time (0.5 FTE) ☐ Part-Time (0.25 FTE)

Type of Assistantship: *(see GA policy for definitions and requirements)*

☐ Graduate Research Assistant I (Insurance)* ☐ Graduate Assistant I ☐ Graduate Teaching Assistant**
*Insurance funding: _____

☐ Graduate Research Assistant II ☐ Graduate Assistant II

☐ We expect this GA to be in unsupervised settings with students. *(If yes, a background check must be run at the department's expense)*

☐ This GA should complete FERPA training. *(FERPA training required for GAs with access to student grades)*

***Requires Graduate Teaching Assistant Supplemental Appointment Form and a complete file. Refer to the Policy and Procedures for Graduate Assistantships for specific requirements.*

Period of Appointment and Stipend Amount:

Appointments must start on a Sunday and end on a Saturday. Appointments may not cross academic years.

Academic Year (YY-YY): _____ Stipend: $_____

Please see Graduate Assistant Pay Calendar (http://www.southalabama.edu/colleges/graduateschool/information.html) for appropriate dates

Period Options: ☐Fall ☐Spring ☐Summer ☐Twelve months ☐Other (MM/DD/YY – MM/DD/YY)_____

Stipend Funding			Tuition Funding		
☐Graduate School (110000-340100-4401)	☐Other* _____ ____% (FUND-ORGN-PROG)	____%	☐Graduate School (110000-340100-4401)	☐Other* _____ ____% (FUND-ORGN-PROG)	____%
	☐Other* _____ ____% (FUND-ORGN-PROG)			☐Other* _____ ____% (FUND-ORGN-PROG)	

*If using a cost share, please indicate who will be covering? If Graduate School is covering, please attach approval documentation.

_____

If the student will be taking less than six hours, indicate which semester(s), how many hours, and provide a justification:

_____

_____

Other notes: _____

Approvals

_____ _____ _____ _____

Department Chair Date Director of Graduate Studies Date

NOTE: This form should be submitted electronically to ashleygibson@southalabama.edu along with an EPAF.

Graduate School Use Only

International?: ☐ Residency Code _____ Academic Status _____ Approval _____

Revised 11/2026