



Applicant Information: This section must be filled out by applicant.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ J Number J00 \_\_\_\_\_

International?  College \_\_\_\_\_ Department \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointment Information: This section must be filled out by department/unit.

Student's Supervisor \_\_\_\_\_ J Number J00 \_\_\_\_\_

College or Unit of Appointment \_\_\_\_\_ Department \_\_\_\_\_

Action Requested:  New Appointment  Reappointment  Change in Funding Source

Degree Level	Type of Assistantship (see GA policy for definitions and requirements)		
Masters	<input type="checkbox"/> Graduate Research Assistant II	<input type="checkbox"/> Graduate Assistant I	
	<input type="checkbox"/> Graduate Teaching Assistant**	<input type="checkbox"/> Graduate Assistant II	
Doctoral	<input type="checkbox"/> Graduate Research Assistant I (Insurance)*	<input type="checkbox"/> Graduate Assistant I	<input type="checkbox"/> Graduate Teaching Assistant**
	<input type="checkbox"/> Graduate Research Assistant II	<input type="checkbox"/> Graduate Assistant II	

\*insurance funding: \_\_\_\_\_

\*\*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	
<input type="checkbox"/> Graduate School (110000-340100-4401)	<input type="checkbox"/> Other* _____ (FUND-ORGN-PROG)	<input type="checkbox"/> Graduate School (110000-340100-4401)	<input type="checkbox"/> Other* _____ (FUND-ORGN-PROG)
	<input type="checkbox"/> Other* _____ (FUND-ORGN-PROG)		<input type="checkbox"/> Other* _____ (FUND-ORGN-PROG)

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

Approvals

Department Chair \_\_\_\_\_ Date \_\_\_\_\_ Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form should be submitted to the Graduate School office, AD 340 with a paper PA or when an EPAF is submitted. Paper PAs should be used for change in funding, termination, pay increase, and when the appointment dates fall outside of EPAF dates.

**Graduate School Use Only**

International Y / N \_\_\_\_\_ Residency Code \_\_\_\_\_

Academic Status \_\_\_\_\_ Approval \_\_\_\_\_