

GRADUATE ASSISTANT REQUEST

Department: _____

Contact Person: _____

Number of GA's requested: _____ **Term/Year:** _____

Please provide a brief statement of how the student will benefit from the learning opportunities, skill development, and/or future employment/education opportunities provided through the GA experience. In addition, please provide the need/justification for this position in your office/department.

Approved _____

Disapproved _____

Signed

Date

**Office of Graduate & Undergraduate Programs
OFFICAL GRADUATE ASSISTANT JOB DESCRIPTION FORM**

Office Name:

Job Title:

Job Summary:

Major Duties and responsibilities:

Organizational Relationships:

Additional Desirable Qualifications:

Working Conditions: