



COLUMBUS STATE UNIVERSITY

## Graduate Assistantship Appointment Form

This form must initiate with the dean or his/her designee of the college offering the graduate program in which the student is enrolled. The dean or his/her designee will explain the requirements for eligibility, workload, and stipend payments. The dean or his/her designee must indicate the semester for which the assistantship is applicable, the amount of the stipend and the budget from which it is to be drawn. The dean or his or her designee will send the form to the registrar and enrollment services personnel will verify eligibility of the student to enroll in a graduate program and will assess tuition at the reduced rate and apply the mandated student insurance. The registrar will send the form to the human resources department so the student will be placed on the payroll for stipend payments. All sections of this form are to be completed and filed with the appropriate departments by the end of the early registration period for the semester the student is seeking approval.

**Graduate Assistants must be admitted to a graduate degree program in regular status and earn credit for a minimum of nine (9) graduate semester hours each term the assistantship is held. (Graduate assistantships during the summer term will require enrollment for a minimum of six (6) graduate semester hours.)**

A *Graduate Assistantship Appointment* form must be completed for each semester an assistantship is requested.

The following student has been granted approval for a graduate assistantship as stipulated.

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Social Security Number**

Indicate the type of Graduate Assistantship: Research \_\_\_\_\_ Teaching \_\_\_\_\_

Indicate the semester for which the Assistantship is applicable: \_\_\_\_\_  
Semester Year

Amount of Stipend: \_\_\_\_\_ Budget Account Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Graduate Assistant Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Dean or Designee**

\_\_\_\_\_  
**Date**

I accept this graduate assistantship and understand the terms described above to include eligibility, reduction in tuition rate and mandatory health insurance requirements.

\_\_\_\_\_  
**Signature of Graduate Assistant**

\_\_\_\_\_  
**Date**

The above student is eligible for enrollment in a graduate degree program at Columbus State University and has been assessed at the reduced rate for the term stipulated and mandatory health insurance has been applied.

\_\_\_\_\_  
**Signature of Registrar or Designee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Human Resources Director or Designee**

\_\_\_\_\_  
**Date**