University of Kansas Medical Center

Appointment Agreement

Please indicate: __GTA __GRA __GA
__ New __Continuing or __Change in appointment
__ Check if graduating this semester

Last Name	First Name	MI	KUID

Appointment is for **(specify year):** ☐ Fall 200__ ☐ Spring 200__ ☐ Summer 200__

Appointment percentage: _____% (may not exceed 50%)

Statement of Understanding: I understand that I am required to remain enrolled in a minimum of 6 hours for the fall or spring term and 3 hours for the summer term or a minimum of 1 hour the term I graduate. Total withdrawal from the University or enrollment in less than the minimum hours for the term will result in termination of employment as GTA/GRA/GA. Termination of said employment before the last day of the applicable term will result in my becoming obligated to pay additional tuition and fees as the result of reassessment to non-GTA/GRA/GA rates.

I have read the Statement of Understanding above. I certify that the information I have given is true and accurate. I will notify the Office of Graduate Studies (913/588-1238) in the event that I become ineligible for GTA/GRA/GA rates.

Notice: The Office of Graduate Studies must receive this completed form in order for your GTA/GRA/GA appointment to be added to your official record and the appropriate tuition and fee waiver applied to your account.

Signature of Student	Date

Department	Department Chair (or Designee) Approval

GTA/GRA/GA Appointment Verification	Office of Graduate Studies	Date

KUMC
Office of Graduate Studies
5015 Wescoe, Mail Stop 1040

Revised 7/14/06