

_____	_____	_____	_____
Student Last Name	Student First Name	MI	7-Digit KUID
Appointment term:	Fall 20_____	Spring 20_____	Summer 20_____
Appointment type:	GTA	GRA	GA
	New	Continuing	Change in appointment
Appointment percentage:	_____ % FTE (may not exceed 50%)		If combined: _____ % GTA, _____ % GRA
Anticipated graduation:	Semester _____	Year _____	

Acknowledgements:

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.

I understand that total withdrawal from the University or enrollment in less than the minimum hours for the term without approval from the Office of Graduate Studies will result in termination of employment as GTA/GRA/GA.

I understand that termination of said employment for any reason before the minimum term of services as a GTA/GRA/GA for the semester have been met may also result in reassessment of tuition and an obligation to pay additional charges.

- Minimum term of services: 8 pay periods as GTA, 6 pay periods as GRA/GA for fall or spring. 2 pay periods as either GTA or GRA for summer.

I have read the Acknowledgements above. I certify that the information I have given is true and accurate. I will notify the Office of Graduate Studies (gradstudiesoffice@kumc.edu) should I become ineligible for a GTA/GRA/GA appointment.

Student Signature

Date

Hiring Department Name

Department Chair (or Designee) Signature of Approval

Office of Graduate Studies Signature

Date

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