



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

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

International?  Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_@jagmail.southalabama.edu

College \_\_\_\_\_ Department \_\_\_\_\_

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

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

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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	<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	

\*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 Semester  Spring Semester  Summer Semester  Twelve months

Other (MM/DD/YY – MM/DD/YY) \_\_\_\_\_

Stipend Funding

Graduate School (110000-340100-4401)  Other \_\_\_\_\_ (FUND-ORGN)

Other \_\_\_\_\_ (FUND-ORGN)

Tuition Funding

Graduate School (110000-340100-4401)  Other \_\_\_\_\_ (FUND-ORGN)

Other \_\_\_\_\_ (FUND-ORGN)

Approvals

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form should be submitted to the Graduate School office, AD 340, either 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 \_\_\_\_\_

