



MEMORANDUM OF APPOINTMENT

MEMORANDUM (Completed by Department):

Department: _____

From: _____
(Department Chair/Other Supervisor)

To: _____ Student CWID: _____
(Graduate Student Name)

SUBJECT: Graduate Assistant Appointment

This memorandum confirms your appointment as a Graduate _____ Assistant.
(Teaching, Research or Administrative)

GENERAL TERMS OF THE APPOINTMENT (Completed by Department):

Appointment Semesters: Fall _____ (year)
Spring _____ (year)
Summer _____ (year)

Starting Date: _____ Termination Date: _____
Monthly Stipend: _____ Total Stipend: _____
FTE: _____ No. of hours per week: _____
Tuition Award (Y/N): _____ Health Insurance (Y/N): _____

Immediate Supervisor: _____
Specific Duties: _____

Supervisor's Signature

Date

Department Chair's Signature

Date

CERTIFICATION (Completed by Graduate Student):

I confirm that I qualify to hold this assistantship in accordance with the criteria set out in the Graduate School Catalog, in particular that I am enrolled full time as a graduate degree student, maintain a cumulative GPA of at least 3.0 (except during the first 12 graduate semester hours of study), and register for the minimum number of class hours commensurate with the FTE of this position^{1,2}. I understand and agree that continuation of this appointment to its scheduled termination date is dependent upon my meeting the performance standards established by this department and compliance with all policies in the Graduate Catalog and general UA employment and student policies. However, the University reserves the right to terminate a GA support package, including all parts, immediately and without prior notice if, in the judgment of the Department Chair and concurrence of the Dean, such action is warranted. I also understand that graduate assistants whose appointments are terminated before the end of the academic semester or term are only eligible for reduced tuition grants³. I understand and agree that, if I resign or am dismissed from my assistantship or the University before the end of the academic semester or term, that I will be personally responsible for the payment of any tuition and fees that are not covered by my reduced tuition grant. To the extent my appointment is extended beyond the termination date listed above, I agree that my continued appointment is subject to the same terms and conditions noted above.

¹ See Qualifications for Graduate Assistantship at <http://graduate.ua.edu/publications/dept/guide2.html>

² See Enrollment Requirements at <http://graduate.ua.edu/publications/dept/guide4.html>

³ Reduced tuition grants are computed on the following basis:
 appointment ended during the 1st week : no tuition grant
 appointment ended during 2nd to 4th week : 25% of initial grant
 appointment ended from 5th week to end of the semester/term : 50% of initial grant

Student's Signature

Date