



YOUNGSTOWN  
STATE  
UNIVERSITY

YOUNGSTOWN STATE UNIVERSITY  
COLLEGE OF GRADUATE STUDIES, COFFELT HALL

GRADUATE ASSISTANT /TEACHING ASSISTANT /GRADUATE ASSISTANT INTERN/ GRADUATE RESEARCH ASSISTANT

## SPRING 2018 ONLY APPOINTMENT FORM

### Section I: To be completed by Student - Current Contact Information

Student ID: Y00_____	Last Name: _____	First Name _____	Middle _____
Address: _____ Apt # _____ City: _____ State: _____ Zip: _____			
Email: _____ Home Phone Number: _____ Cell Phone Number: _____			
Are you a citizen of the US? Yes _____ No _____ Visa Status _____ Are you employed off campus? Yes _____ No _____			
Have you been employed on campus within the last (2) years ? Yes _____ No _____			
Are you currently employed by YSU? Yes _____ No _____ Do you have an I-9 document on file? Yes _____ No _____			
I certify that the foregoing data is correct, and I will accept the position on the terms specified in the Graduate Catalog. All graduate assistants are contingent upon availability of funds and formal administrative approval. <b>I understand all employment forms must be on file prior to start date.</b>			
Signature, Student Employee _____		Date: _____	
Graduate Program: _____			

### Section 2: To be completed by Program Director, Department Chair, Student Supervisor, College Dean

The department may not recommend a student for Graduate Assistantship unless the academic credentials have been reviewed, and the student has been recommended for admission to the Graduate School.

**Type of Application:** New \_\_\_\_\_ Renewal \_\_\_\_\_ Change \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

Semester	TYPE	GA	TA	GAI	Grant Funded	GRA	Ed.D	PhD1	PhD2	Cushwa
Spring 2018	Non-STEM STEM	\$3750 \$5000	\$4,375 \$5,000	\$3750 \$5,000	\$3750 \$5,000		\$10,000			
Spring 2018	Non-STEM STEM							\$7,666.66	\$8,333.33	\$5,000.00



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**Student's Program:** \_\_\_\_\_ **Sponsoring Department:** \_\_\_\_\_

Please attach a detailed job description to this form for this academic assistantship. Describe how when given an opportunity to assist the faculty, provide a service to the institution, and also gain valuable experience through this work in association with the faculty, will assist the student in his/her education program and career path.

Department Recommendation: ☐ Recommended ☐ Not Recommended ☐ Regular Status ☐ Provisional Status

Graduate students, who are in provisional status because of undergraduate course deficiencies, cannot be appointed as teaching assistants until the required coursework is completed. Teaching assistants must be the instructor of record.

\*If appointment involves classroom related service (including lab-assistants), the department chair must interview the student to determine that he or she is satisfactorily proficient in English.

**I certify that the above named student is proficient in English.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature, Department Chair: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature, Graduate Program Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature, Student' Assigned Supervisor: \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Funding Source Type: ☐ General Fund ☐ YSU Foundation Fund ☐ Discretionary (Pre-Approved) Grant ☐ Other \_\_\_\_\_

Stipend Funding Source: FOAPAL #1

		FUND	ORGANIZATION	ACCOUNT	PROGRAM

\*\*\* GAI Scholarship will be billed to the requesting department unless another FOAPAL is specified.

Funding Signature, College Dean: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Stipend Funding FOAPAL #2

		FUND	ORGANIZATION	ACCOUNT	PROGRAM

\*\*\* GAI Scholarship will be billed to the requesting department unless another FOAPAL is specified.

Funding Signature, \_\_\_\_\_

Date \_\_\_\_\_

Other Financial Manager, if applicable

Printed Name: \_\_\_\_\_



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**Section 3: To be completed by the Grant Funded PI/Financial Manager (For Grant Funded Position Only)**

Name of Grant: _____				
	FUND	ORGANIZATION	ACCOUNT	PROGRAM
Signature, Grant Financial Manager _____			Date: _____	
Printed Name: _____				
Signature, Grants Accounting Manager _____			Date: _____	
Printed Name: _____				

**Section 4: To be completed by the Dean of the College of Graduate Studies**

Graduate Dean's Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved				
Signature, Dean of the College of Graduate Studies: _____ Date _____				
Printed Name: Salvatore A. Sanders, Ph.D.				
<input type="checkbox"/> YSU Foundation	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Graduate Research Assistant	<input type="checkbox"/> GAI Funding	
<input type="checkbox"/> Other:    Exception: _____				
Comments:				