

Bemidji State University

GRADUATE ASSISTANT APPOINTMENT FORM

(Entire form must be completed!)

1. **Name of Student** _____ **BSU ID#** _____

Local Address _____ **Telephone:** _____

City, State, Zip _____ **Birthdate:** _____

BSU Major _____

Email Address _____

Campus Address **Bldg** _____ **Room #** _____ **Box #** _____ **Campus Phone #** _____

2. **Dept/Area** _____

3. **Type of Assignment** **Teaching Research ^Grant Funded ***Other; please specify: _____

***# of Credits for teaching: _____ Fall _____ Spring

***This type of position may be subject to taxation.

^Identify Grant Name associated with appointment: _____

4. **Acct to be charged** _____ 5. **Base Salary** _____

Full Time GA Half Time GA

6. **Appointment Dates** From: _____ to _____

Graduate Assistants will follow the same calendar as faculty.

7. **Authorizations**

_____	_____
Department Chair and/or Graduate Coordinator	Date
_____	_____
Director, School of Graduate Studies	Date
_____	_____
Budget Officer	Date

Please submit the form electronically to, please contact the School of Graduate Studies in Memorial 310; phone 2027, email: grad@bemidjstate.edu

For School of Graduate Studies Office

Admitted _____
Min. GPA _____
Registered _____

Notes: