

**College of Behavioral & Community Sciences  
Out of College Payment Request Form**



TERM:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
YEAR:			

NOTE: This is a college level form. Please do not send to the Office of Graduate Studies.

**PART 1: STUDENT INFORMATION**

Student's Full Name:		UID:	
Degree Sought:	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD	
Student's Home College:			
Student's Home Program:			

**PART 2: EMPLOYER INFORMATION**

Employing Department:			
Paperwork Organizer:			
Grad Asst's Supervisor:		Email:	
Position Title:			
Building/Room:		Phone:	
Required Attachments:	<input type="checkbox"/> GA Job Description <input type="checkbox"/> Appointment Status Form/Letter of Offer <input type="checkbox"/> RA Eligibility Documents (if applicable)		

By signing below, the GA supervisor agrees to the following:

- > The student's wages do not include compensation for tuition costs.
- > The student is employed at least 0.25 FTE during the semester in which payment is being requested.
- > Ensure the student is in good academic standing (GPA >= 3.00) and is enrolled full time (Fall: 9 hrs; Spring: 9 hrs; Summer: 6 hrs)

GA Supervisor's Signature:		Date:	
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**PART3: GRADUATE ASSISTANTSHIP INFORMATION (COMPLETED BY APPOINTING UNIT)**

Stipend Funding Source:	<input type="checkbox"/> E&G	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Dept. Overhead/R.O.	<input type="checkbox"/> C&G		
GA Job Code:	<input type="checkbox"/> 9183	<input type="checkbox"/> 9184	<input type="checkbox"/> 9185	<input type="checkbox"/> 9550	FTE:	

NOTE: For Job Codes 9181 & 9182: Use "Graduate Research Asst/Assoc Tuition Waiver Request" form

Does the student have another Graduate Assistant elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list job code & department:	Code:	Dept.:
Is student receiving a University-Sponsored Fellowship (i.e. UGF):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list Fellowship Name:		
Credit Hours of Payment Requested:	Year:	Semester:

**PART 4: GRADUATE ACADEMIC PROGRAM APPROVAL (HOME PROGRAM OF STUDENT)**

Graduate Program/Adv/Director Name			
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE		
Program Advisor/Director Signature:			
	Date:		