Information on this document must be typed.

McNeese State University
LETTER OF APPOINTMENT
Graduate Assistants

Total weekly hours:
Total pay: $

STUDENT'S NAME: _____ BANNER ID #: _____
BUDGET UNIT: _____ ACCOUNT #: _____
HIGHEST DEGREE: ☐ Bachelor ☐ Master ☐ Terminal APPOINTMENT TERM: **CHOOSE ONE...**

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1. Type of appointment: Direct Supervisor(s): _____
☐ **Teaching** (Complete #2) ☐ **Research** (Complete #3) ☐ **Administrative** (Complete #4)

2. For ***TEACHING*** (instructor of record or teaching assistant) appointments, list classes student is teaching.

Complete if student is *instructor of record*.

Course	Section	Credits	Hours per Week 2.5 x Credits	Course Stipend
				$
				$
				$

Complete if student is *teaching assistant, lab assistant, or tutor*.

Hourly wage is $ for an appointment maximum of $. Hours per week are for an appointment maximum of .

3. For ***RESEARCH*** appointments, identify research project(s) to which student is assigned.

_____
Hourly wage is $ for an appointment maximum of $. Hours per week are for an appointment maximum of .

4. For ***ADMINISTRATIVE*** appointments, describe duties student is expected to perform.

_____
Hourly wage is $ for an appointment maximum of $. Hours per week are for an appointment maximum of .

5. Previous evaluations (teaching, other) on file in departmental office: ☐ Yes ☐ No

6. State-mandated training completed: ☐ Yes ☐ No Date verified: _____

7. Student's current degree or certificate major: _____

8. Student in good standing with Graduate Studies and no financial holds: ☐ Yes ☐ No Date verified: _____

9. Student's class schedule for the appointment semester attached: ☐ Yes ☐ No

10. Official transcripts on file: ☐ Yes ☐ No

11. Previously employed at McNeese: ☐ Yes ☐ No
If yes, indicate most current appointment: Semester: **CHOOSE ONE...** Year: _____

By signing below, I accept the appointment described above and agree to comply with all University, governing agency, and NCAA (if applicable) policies, and I understand that, as a part-time employee, I am not eligible for employee benefits.

_____ _____
Student Date

By signing below, I agree that this student is qualified by degree(s), graduate coursework, and/or experience to hold this appointment.

Budget Unit Head	Date	Direct Supervisor of Budget Unit Head	Date
Executive Director, Graduate Studies and Extended Education	Date	Provost	Date

This form must be completed and submitted to the* Doré School of Graduate Studies and Extended Education (Box 92180, SEED Center 156) *no later than the the first day of class each semester.