



GRADUATE ASSISTANTSHIP APPLICATION

The priority deadline for fall submission is June 1.
The priority deadline for spring submission is November 1.

Position (GTA, GRA, or GA): _____ Department/Program: _____

Semester: _____ Year: _____

Instructions to applicant: Submit this form to the graduate studies at UTPB at gradstudies@utpb.edu, along with a resume outlining your work experience, skills, and education.

Every graduate assistant must: 1) Obtain full admission prior to the start of the assistantship; 2) Enroll as a full-time graduate student; 3) Maintain a graduate GPA of at least 3.0; 4) Work the required number of hours per week in their assigned area; and 5) Successfully fulfill assigned duties.

Section A: To be completed by the applicant.

Name: _____ UTPB Student ID: _____

Email: _____ Phone Number: _____

Current or Proposed UTPB Graduate Program: _____

Educational Background:

College or University	City, State	Dates Attended	Degree Earned	GPA

Signature of Applicant: _____ Date: _____

By affixing my signature, I attest that all the information on this application is complete and true.

Email the completed form along with your resume to gradstudies@utpb.edu

Section B: To be completed by the hiring department/program.

Position Classification:

Graduate Assistant (GA)

Research Assistant (GRA)

Teaching Assistant (GTA)

Teaching Assistant-Instructor of Record (GTA-IR)*

*Student must have earned at least 18 credit hours in the subject to be taught and meet any other required qualifications.

Proposed Source of Funding:

Stipend Amount: \$ _____ per semester **Workload:** Hours per week _____

Tuition Waiver: Full Partial (if checked, indicate percentage) _____%

Funding Information:

Source: Department Graduate Studies Grant Other: _____
Position #: _____ Cost Center Number: _____

Faculty In-charge:

Name: _____ Email: _____
Phone: _____

Section C: Approving signatures.

_____ Printed Name of Department Head	_____ Signature of Department Head	_____ Date
_____ Printed Name of College/School Dean	_____ Signature of College/School Dean	_____ Date
_____ Printed Name of Graduate Council Chair	_____ Signature of Graduate Council Rep.	_____ Date
_____ Printed Name of Graduate Studies Dean	_____ Signature of Graduate Studies Dean	_____ Date
_____ Printed Name of Provost	_____ Signature of Graduate Provost	_____ Date

Once approved, submit this form to the Graduate Studies Office:

MB 1208
Phone: 432-552-2530
Fax: 432-552-3530
Email: gradstudies@utpb.edu

Section D: To be completed by the Graduate Studies Office.

Admission Status: Regular Status Conditional Not Admitted
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