



**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](mailto: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](mailto: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: \_\_\_\_\_

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**Section C: Approving signatures.**

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

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

MB 1208  
Phone: 432-552-2530  
Fax: 432-552-3530  
Email: [gradstudies@utpb.edu](mailto:gradstudies@utpb.edu)

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

<b>Admission Status:</b> Regular Status                  Conditional                  Not Admitted
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