GA APPLICATION

(Priority Deadline is April 2nd)

LAST NAME: _____   FIRST NAME_____

UTC ID: _____   PERSONNEL # (IF AVAILABLE):_____

ADDRESS: _____

PHONE: _____   EMAIL ADDRESS: _____

COLLEGE OF GRADUATE PROGRAM: _____

GRADUATE PROGRAM (MUST BE FULLY ADMITTED):_____

HIRING COLLEGE OR NON ACADEMIC UNIT: _____

RESIDENCY: ☐ IN   ☐ OUT   GPA: _____

SEMESTER APPLYING FOR (YEAR, SEMESTER): _____

I WILL ONLY ACCEPT:

☐ FULL TIME (20HRS WEEK)   ☐ PART TIME (10HRS WEEK)   ☐ I WILL ACCEPT FULL OR PART TIME

NUMBER OF HOURS ENROLLED: _____

NEW OR RETURNING GRADUATE ASSISTANT: ☐ NEW   ☐ RETURNING

HAVE YOU EVER WORKED FOR UTC PAST OR PRESENT?   ☐ YES   ☐ NO

IF YES PROVIDE THE FOLLOWING INFORMATION:

TYPE OF EMPLOYMENT: _____   NUMBER OF HOURS WORKED/WEEK: _____

SUPERVISOR'S NAME: _____   PHONE#:_____

AS A GRADUATE ASSISTANT, YOU ARE OBLIGATED TO REPORT TO THE HIRING DEPARTMENT, CURRENT, OR FUTURE EMPLOYMENT AT UTC. FAILURE TO REPORT OTHER EMPLOYMENT MAY JEOPARDIZE CONTINUATION OF A GRADUATE ASSISTANTSHIP. FOR ADDITIONAL INFORMATION REGARDING GRADUATE ASSISTANTSHIPS, PLEASE SEE: http://www.utc.edu/graduate-school/student-resources/assistantships.php

AUTHORIZATION OF INFORMATION RELEASE: I AUTHORIZE THE RELEASE OF MY ACADEMIC RECORDS FOR USE BY THE HIRING PROGRAM/OFFICE AND THE GRADUATE SCHOOL.

SIGNATURE:_____   DATE APPLICATION SUBMITTED:_____

REQUIRED ATTACHMENTS: A RESUME OR ADDITIONAL INFORMATION THAT INCLUDES RELEVANT TEACHING, RESEARCH, OR OTHER EXPERIENCE APPROPRIATE TO THE GRADUATE ASSISTANTSHIP POSITION

INSTRUCTIONS FOR SUBMISSION: PRINT THIS COMPLETED FORM, SIGN AND ATTACH RESUME OR ADDITIONAL DOCUMENTS. THEN SUBMIT TO THE HIRING PROGRAM/OFFICE WHERE THE ASSISTANTSHIP IS LOCATED.

ITEMS TO BE COMPLETED BY DEPARTMENT:

TYPE: ☐ TEACHING   ☐ RESEARCH   ☐ ADMINISTRATIVE   ☐ PROFESSIONAL SERVICES

IF YOU WOULD LIKE TO INCLUDE ADDITIONAL INFORMATION ABOUT YOURSELF PLEASE ATTACH.