

University of Central Arkansas  
The Graduate School

**RECOMMENDATION FOR GRADUATE ASSISTANTSHIP**

*Please complete, print and sign. Return to UCA Graduate School.*

Student's Name  UCA ID#

Address  City/St  Zip

Student's Graduate Degree Program (must be admitted with full qualifications)

Hiring Department  GA Supervisor

Student is recommended for: appointment  reappointment  Type of Assistantship

Dates of Appointment (mm/dd/yy)  through  *NOTE: separate PAF's required for each fiscal year*

Additional dates (if there is an unpaid break in the appointment)  through

Funded by a Grant? No  Yes  If yes, Grant Title

Stipend Total: \$  \$0.00 if not applicable (  monthly for  months)

Banner Dept. or Grant Account Number  Stipend Expense Account Number

**Tuition Scholarship** Total: \$  \$0.00 if not applicable

**Maximum TUITION allowance per term: (do NOT enter stipend amount here)**

Sum 2 only	Sum 2 \$	Fall	Fall \$	Spring	Spring \$	May & Sum 1 & 10 week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will this student be graduating at the end of this appointment period? No  Yes

*(Students not in their last semester should be enrolled in no less than 9 credit hours. Justification for ANY exception must be attached for Graduate Dean's approval)*

Dept./Program Recommendation \_\_\_\_\_ Date \_\_\_\_\_  
signature

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**GRADUATE SCHOOL OFFICE USE ONLY**

Date \_\_\_\_\_ current GPA \_\_\_\_\_ Academic Status \_\_\_\_\_ # of hrs. registered \_\_\_\_\_

Full Qual.? Yes ( ) No ( ) Gender: M or F Ethnicity \_\_\_\_\_ Residency \_\_\_\_\_

Academic Approval: \_\_\_\_\_

Disapproval: This Student is **NOT** recommended because \_\_\_\_\_

Signed: \_\_\_\_\_