



The Graduate College  
Pre-Arranged Graduate Assistantship Request Form

**Section I – Submitter Information**

Name \_\_\_\_\_ Campus Email \_\_\_\_\_

Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

With which Graduate Program(s) are you affiliated? \_\_\_\_\_

**Section II – Description of Need for Graduate Assistantship Funding**

**Description of Project** - Please describe the need for this support, what program/department/college goal it will support, and how it will support that goal. Please be specific.

**Please select a compensation amount or indicate another arrangement in “Other”:**

**Tier I** – stipend \$2,200; work 10 hrs/week; max 6 hrs tuition waiver (in-state \$1,740/out-of-state \$6,270)

**Tier II** - stipend \$3,850; work 15 hrs/week; max 9 hrs tuition waiver (in-state \$2,610/out-of-state \$9,405)

**Tier III** - stipend \$5,500; work 20 hrs/week; max 12 hrs tuition waiver (in-state \$3,480/out-of-state \$12,540)

**Other (please fill in)** - stipend: \_\_\_\_\_ work hours: \_\_\_\_\_ tuition waiver hours: \_\_\_\_\_

**If you selected other, please explain the rationale for the stipend, work hours, and waiver hours requested.**

For which semesters are you requesting support for this position? \_\_\_\_\_

Who will be supervising the graduate student? \_\_\_\_\_

**Duties of the Graduate Student** – Please indicate the duty/task and the approximate amount of time the student will spend on that duty/task as a percentage of their overall time.

Specific Duty/Task	% of Time

**What skills should your ideal graduate student have for this position?**

**How will the student be evaluated?** – Please indicate the frequency and method by which the student will be evaluated. Please be as specific as possible.

**What are the student's learning objectives?** – Please indicate the learning objectives for the student. The learning objectives should be tied to the student's graduate program.



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**What is the benefit of this project to the university?** – Please indicate how this project meets strategic goals of the unit, college, or university, how it advances graduate education at KSU, and how it will elevate the university or lead to future grants or projects. Please be as specific as possible.

**Faculty Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dept Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**College Dean Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send to [gradcollegeforms@kennesaw.edu](mailto:gradcollegeforms@kennesaw.edu) **by April 9, 2018.**