

Request for Exception Allowing Additional Work for Graduate Assistants

NOTE: Both student and requester need to notify the hiring department of additional work.

NAME:		NAU ID:	
NAU EMAIL:		DATE:	
DEGREE/PROGRAM:			
ADVISOR/MAJOR PROFESSOR:			
NAME OF REQUESTER:		PHONE:	

Is the additional work for the same department that grants the student's assistantship?

Yes No

Department for which the additional work will be completed: _____

Supervisor's name (for the additional work): _____

Additional work/tasks that will be completed:

Is the student a:

GTA GRA GSA

Is the GA an International Student?

Yes No

If yes, a signature from the CIE/ISSS advisor is

required: _____ Date: _____

Length of time for the additional work?

Fall Spring Both

Number of hours per week*?

or

One-time pay

*5 hour maximum

Reason for Request. Include the description of the current position and nature of additional work.

Name of GA supervisor: _____

Approval of GA Supervisor**: _____ Date: _____

Name of Academic advisor: _____

Approval of Academic Advisor**: _____ Date: _____

** Electronic Signatures and/or printed names are permitted in the space provided.

Graduate College Use Only

Date of Approval:	Date of Dpt. Notification:	Date Entered:
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