## **GRADUATE ASSISTANT AGREEMENT 2023-2024**

(Must be completed each semester)

Revised 4/19/23

Part I: Completed by student			
Name:	Email	ail:	
Address:	City	State Zip	Code
NYS Resident: □Yes □No DOB		Phone:	
Cortland ID: C00	SS#		
Course Reference Number (CRN)	Credit Hours	Course Cost: \$471/per (Max. of 6 credit hours	
Total hereby declare that I am eligible for	support of tuition	under applicable Board o	of Trustees
esolutions and request approval as in		ander applicable board c	i i i datees
student Signature:	Date:		
Part II: Completed by Department			
Department:			
Graduate Assistant Position:			
Stipend Amount	Stipe	nd Acct #	
Tuition Support Amount	Tuitio	on Support Acct #	
Appointed for: Semester only-Fall 2  Dates of Obligation:  Department Chair or Director	to Date Dea	an or Vice President	 Date
Approved   Disapproved	 Direct	or of Admissions	Date
Part III Financial Aid Office:			
Part IV HR/Payroll/Business Office L			
·			
HR Line# Busin		etual Deu	
ayrollBiweekly#of pa	iy periodsA	ctual Pay	ortla