

**GRADUATE ASSISTANT AGREEMENT 2026-2027 Part I:**

**Completed by student**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NYS Resident:  Yes  No DOB \_\_\_\_\_ Phone: \_\_\_\_\_

Cortland ID: C00 \_\_\_\_\_ SS# \_\_\_\_\_

Semester:  Fall 2026  Spring 2027 Status:  First-time GA  Returning GA

| Course Reference Number (CRN) | Credit Hours | Course Cost: \$471/per credit hour<br>(Max. of 6 credit hours per semester) |
|-------------------------------|--------------|-----------------------------------------------------------------------------|
|                               |              |                                                                             |
|                               |              |                                                                             |
|                               |              |                                                                             |
| <b>Total</b>                  |              |                                                                             |

I hereby declare that I am eligible for support of tuition under applicable Board of Trustees resolutions and request approval as indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Completed by Department**

Department: \_\_\_\_\_

GA Position: \_\_\_\_\_ Dates of Obligation: \_\_\_\_\_ to \_\_\_\_\_

Please complete for each semester of the appointment:

Fall 2026 # of credits supported \_\_\_\_\_

|                        |  |                        |  |
|------------------------|--|------------------------|--|
| Stipend Amount         |  | Stipend Acct #         |  |
| Tuition Support Amount |  | Tuition Support Acct # |  |

Spring 2027 # of credits supported \_\_\_\_\_

|                        |  |                        |  |
|------------------------|--|------------------------|--|
| Stipend Amount         |  | Stipend Acct #         |  |
| Tuition Support Amount |  | Tuition Support Acct # |  |

\_\_\_\_\_  
Department Chair or Director                      Date                      Dean or Vice President                      Date

Approved  Disapproved  \_\_\_\_\_  
Associate Director of Admissions                      Date

**Part III Financial Aid Office:** \_\_\_\_\_

**Part IV HR/Payroll/Business Office Use**

HR \_\_\_\_\_ Line# \_\_\_\_\_ Business Office \_\_\_\_\_  
Payroll \_\_\_\_\_ Biweekly \_\_\_\_\_ #of pay periods \_\_\_\_\_ Actual Pay \_\_\_\_\_