



Graduate assistantships exceeding the UCF full stipend (.50 FTE in Fall and Spring) require Supplemental Assignment approval. Tuition remission must total 100%.

This form is not required in Summer semesters.

## Supplemental Assignment Form

### STUDENT INFORMATION

Family or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

EmplID: \_\_\_\_\_ Anticipated Degree Date: \_\_\_\_\_ Terms Requested:  Fall  Spring

### HIRING UNIT INFORMATION

The unit's department/project will be responsible for the FICA taxes associated with the student's appointment.

Unit 1: \_\_\_\_\_ Assignment: (Check one only)  GRA  GTA  GA Standard Hours: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact e-mail address: \_\_\_\_\_

Tuition Remission:  100%  50%  0% Other: \_\_\_\_\_

Unit 2: \_\_\_\_\_ Assignment: (Check one only)  GRA  GTA  GA Standard Hours: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact e-mail address: \_\_\_\_\_

Tuition Remission:  100%  50%  0% Other: \_\_\_\_\_

### ACADEMIC REVIEW AND APPROVAL

Please confirm that:

- the student is making good progress toward finishing his/her degree
- this supplemental assignment will not interfere with the continued progress of the student

How does the supplemental assignment enhance the student's progress? Please explain in box below.

- supports thesis/dissertation research
- extends teaching portfolio - Please indicate below how it extends prior teaching assignments
- other

Thesis/Dissertation Adviser: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

College Graduate Coordinator: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### THE COLLEGE OF GRADUATE STUDIES

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved?  Yes  No Total Hours: \_\_\_\_\_ Comment entered in PeopleSoft:  Yes

Notes: \_\_\_\_\_

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Attach completed form to ePAF or send to gradassistantship@ucf.edu