GRADUATE ASSISTANT HIRE FORM



Name:	Banner ID #:
First / Middle / Last	
Address:Street / City / State / Zip Code	Telephone #:
otroct / Orty / State / Zip Code	
WCSU E-mail Address:	(needed for CORE-CT)
DEPARTMENT INFORMATION	
Semester: Fall Spring Year:	Graduate Assistant: 🗆 First Time 🔻 Renewal
Position:	Department:
Student Admitted to Degree Program at WCSU: \square Yes	No
Stipend Per Semester: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,800 max.10hrs
*Start Date:	End Date:
* Note: Attach the job description to this form. Graduate assistants	s may not start working until approved by HR.
Dept. Chair/Supervisor Name:	
Dept. Chair/Supervisor Signature:	Date:
SCHOOL OF GRADUATE, INTERNATIONAL, AND CA	AREEER STUDIES VERIFICATION
Enrollment Confirmation: \Box Full-time \Box Part-time	How many credits: GPA:
Reviewer Signature:	Date:
SGICS Dean Signature:	Date:
HUMAN RESOURCES	
Background Check Materials Submitted:	
Approved by Human Resources:	Date:
FINANCIAL PLANNING AND BUDGET OFFICE	
Budget Name: Graduate Assistantship Program	
Approved by Budget Office:	Date:

Rev: 10/3/2025