

GRADUATE ASSISTANT AGREEMENT 2024-2025 Part I:

Completed by student

Name: _____ Email: _____

Address: _____ City _____ State _____ Zip Code _____

NYS Resident: Yes No DOB _____ Phone: _____

Cortland ID: C00 _____ SS# _____

Semester: Fall 2024 Spring 2025 (Must be completed each semester)

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

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 2024 # of credits supported _____

Stipend Amount		Stipend Acct #	
Tuition Support Amount		Tuition Support Acct #	

Spring 2025 # 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 _____