

Graduate Coordinator Appointment Form

Graduate Coordinator Name: _____

Department: _____

Recommended Length of Term: (Yearly Obligation is from August 15th-May 31st)

1 Year _____ 2 Year _____ 3 Year _____ Dates of Appointment _____

Graduate Coordinators who work outside their yearly obligation during the summer (June 1st-August 15th) will be compensated an additional \$1000.00

Approved Compensation for Yearly Obligation: Course Release/Year _____ Stipend _____

Duties and Responsibilities: (can attach a separate sheet)

(Graduate Coordinator Signature)

(Date)

(Department Chair's Signature)

(Date)

(Dean's Signature)

(Date)

(Provost's Signature)

(Date)

PC: Human Resources