Key College/Dept Name

Graduate Assistant Contract

Date _____

Graduate Assistant's Name _____: Position #: _____

You are hereby offered a graduate assistantship in the College/Dept. of Key College/Dept Name for the _____ Semester _____. Your tuition payment for this semester will be reduced to $25.00, but you will be required to pay the Student Service, Student Activity Center, Athletic, and Technology Fees of $_____.

You are assigned a total of _____ service hours for the semester. The stipend for your services will be a total of $_____, which covers the period of Key Begin Date to Key End Date. You will receive $_____ monthly for the month(s) of _____ to _____.

Your stipend will be charged as follows:

Account Type	Dept #	Project ID #	Percent	Amount to be paid from Account Type **(Complete only if not paid 100% from Regular dept budget)**
☐ ASU (Regular Dept.)	Leave Blank			
☐ Grant				
☐ Grant				

If for any reason you are unable to perform satisfactorily the service required for this position, this agreement may be terminated by the College/Dept. of Key College/Dept Name at any time during the aforementioned period of service.

This agreement may be terminated at any time by the College/Dept. of Key College/Dept Name if financial or other circumstances beyond our control warrant such an action.

This agreement may be terminated by the Graduate Assistant at any time upon delivering timely and proper written notice to Director of Graduate Studies.

A copy of this agreement is routinely filed with the Office of Financial Aid for the purpose of review of any additional financial assistance being received or sought.

Graduate Assistantships are intended for regular graduate students who are enrolled for a minimum of ____ semester hours in an Augusta State University graduate program. If your course load drops below ____ semester hours, you may not continue as a Graduate Assistant.

If your contract is terminated for any reason listed above, you will be required to pay the full tuition you would have normally been charged for the semester. You will also be required to pay any overpayment received for this semester, if applicable. _____ (Initial)

If the terms of this agreement are acceptable, please indicate your acceptance by your signature below and return this form to the Graduate Office.

Sincerely,

I accept this offer of a Graduate Assistantship and the terms and conditions as stated above:

_____ _____ _____ _____

Signature of Dean/Chair/Director Date Student's Signature Date

_____

Typed Name of Dean/Chair/Director

_____

Social Security Number

cc: Human Resources
Business Office
Payroll Office