

Office Minority Affairs GAA Application

A. Personal Information

Name _____
 SSN _____ - _____ - _____
 Current Address _____
 Permanent Address _____
 Home# _____ Work# _____ Email _____
 Ohio Resident (y/n) _____

Birth date _____ Place of Birth (city and state) _____

Citizenship Status: U.S. Citizen Resident Alien/Permanent Resident Nonresident Alien

Gender _____ *Race/Ethnicity _____ *Marital Status _____

*Military Status: Active Reserve Inactive Reserve National Guard Retired
 Vietnam Veteran Other Veteran No Military Service

*Self Identification Status: Disabled Veteran Disabled

Previous State Service: Yes No

If yes, where and how long? _____

EMERGENCY CONTACT INFORMATION

In case of emergency, contact _____ Relationship _____

Home Address _____

Home Phone _____ Alternate Phone _____

B. Educational Information (attach sheet, if necessary)

Colleges/Universities Attended	Dates	Degrees Earned

Have you been admitted to a MA program? _____ Date of Enrollment _____

If so, which one _____ Plans for Ph D (y/n) _____

Have you been admitted to a Ph D program? _____ Date of Enrollment _____

If so, which one _____

Expected date of graduation _____

C. Employment Information (please attach a resume with history of employment)

Current GA appointment (y/n) _____ If so, dept. name _____

Signature

Date

*Required Information



Graduate Associate Appointment Document

Before Completing Go to File - Save As – “Student Name” Highlighted Areas to be Completed by Business Office

The Ohio State University is pleased to offer an opportunity while you are pursuing your graduate degree for you to gain valuable professional experience and to contribute in significant ways to the University's academic, research, and service missions. This document gives important information about your graduate associate (GA) appointment, but does not supersede applicable Graduate School policies, University rules, or federal and state laws, which change from time to time. The *Graduate School Handbook*, particularly Section II.8, contains additional information with which all graduate students should be familiar. See <http://www.gradsch.ohio-state.edu/>.

Student's Name: _____

Student's Academic Unit (Graduate Program): _____

Student's Home Address: _____ CITY Columbus STATE OH
ZIP _____

Appointing Unit: _____

Unit's Address: _____

Faculty Contact Person, if Applicable: _____

E-mail Address/Telephone Number: _____

Administrative Contact Person, if Applicable: **Yolanda Norris, Business Operations Unit**

E-mail Address/Telephone Number: _____

Note: The University is required by Federal law to verify the citizenship and work authorization of all new appointees, and this appointment is contingent on such verification.

Appointment Title(s):

____ Graduate Research Associate ____ Graduate Administrative Associate ____ Graduate Teaching Associate

Note: Graduate students for whom English is not the first language must certify their proficiency in spoken English before assuming GTA duties involving direct student contact. See Graduate School Handbook, Section II.8.

Average Load (Hours/Week): _____ which equals the following percent Full-Time Equivalent (FTE): _____

Note: GRAs should see item 3 of the enclosed information sheet. International graduate students must comply with regulations for their visa category; additional information is available from the Office of International Education, <http://www.oie.ohio-state.edu/>.

Estimated Monthly Stipend: \$ _____ X _____ Months = Estimated Total Stipend of \$ _____

Tuition and Fees: GA appointments of at least 50 percent FTE include a full tuition and fee authorization covering all Instructional and General fees, including nonresident fees. GA appointments at 25 percent include one-half of Instructional and General fees, including nonresident fees. The university also subsidizes the cost of student health insurance for eligible individuals.

Fees Covered for This Appointment in Addition to Fee Authorization for Tuition and Fees:

____ No additional fees are covered. All other fees are the responsibility of the graduate associate.

____ The following additional fees are covered if checked:

____ College/technology fees ____ COTA bus pass fee ____ Student activity fee

____ Recreational facility fee ____ Other department or college specific fees, as listed below:

Appointment Period:

____ Service from _____ to _____

____ Pay dates from _____ to _____

Note: Visit <http://hr.osu.edu/payroll/> to select and register for the paperless pay option that is best for you.

Date by which unit expects to make reappointment decisions: _____
February 1, 2006



Acceptance of Terms

Date by which a signed copy of this document must be returned: _____

Note: Failure to return a signed copy by this date will be considered a rejection of the appointment. The position may then be offered to another graduate student. Retain one signed copy for your records. Return the other copy to the appointing unit at the address listed on the first page of this document.

_____ I understand and agree to the terms and conditions of this appointment as described above and in the attached document(s), and I accept this appointment. I understand that I am responsible for informing current and potential appointing units about any existing or possible concurrent appointments in the University.

_____ I decline this appointment.

Vice Provost Signature Required Before Student Signature

Signature, Student

Date

Signature(s), Authorized for Appointing Unit

Date

Signature(s), Authorized for Appointing Unit

Date

Signature(s), Authorized for Appointing Unit

Date

Signature(s), Authorized for Appointing Unit

Date