

Graduate Assistantship Award

Complete this form and save to a secure location. When complete, go to https://ifforms.iup.edu/IUPapp/ifforms/dfinput?form_id=63 to upload the Graduate Assistantship Award.

Are you replacing an award previously submitted? If yes, enter original ifforms reference no. Academic Year

Student User ID Student Name

Program Coordinator

	Tuition Dollars			Stipend	Tuition + Stipend \$				
Fall	<input type="text"/>	Spring	<input type="text"/>	Summer	<input type="text"/>	Stipend	<input type="text"/>	Total	<input type="text"/>

Dept/Unit Awarding Assistantship

G.A. Work Site (Must include specific Office or Department)

Hours Per Week Enrollment Status (During term of G.A. Agreement)

Is this position Unit or Grant Funded? If yes, Unit/Grant Funding SAP #

If Unit/Grant Funded, Authorizing name

If Unit/Grant Funded, Fund name

Overall Classification

Additional Award Information
An explanation is required if you are submitting a replacement award form.

SGSR Use Only

SGSR Received ifforms #

Student Name:

Supervisor:

Position Overview

Provide a general description of assignments the student is expected to accomplish that supports their academic experience.

Specific Duties - Provide a detailed list of assignments the student in this position will be expected to perform.

Examples include:

Qualifications

Provide a list of skills needed to successfully undertake this graduate assistantship. * (see below)

Time Requirements and Location

Provide expectation of student availability and where work is to be performed. (i.e. MWF 10 AM to 2 PM on campus)