University of North Alabama
Graduate Assistantship Agreement

Graduate Student ___________________________________________ SID ___________________

Supervising Department ________________________________________________________

Supervisor ___________________________________________ Semester/Year ______________

Stipend Amount $_______________ Tuition Benefit______________/graduate credit hours

Responsibilities and Duties                                                                 ____________________________________________
                                                                                          ____________________________________________
                                                                                          ____________________________________________

Supervisor’s Signature _____________________________ Date ______________

The University of North Alabama is pleased to offer you the graduate assistantship described above. If you wish to accept this assistantship, complete and sign this agreement. Return it to the supervisor.

____ I accept this assistantship.

____ I understand that the primary objective of this assistantship is to help me successfully complete my educational goal in a timely manner as stated below.

   Degree Program ________________________________________________

   Anticipated Date of Graduation ________________________________

____ I understand that I must be enrolled in at least 6 hours of graduate work during the period of the award.

____ If I drop below 6 hours of graduate credit during the period of the award, the assistantship may be canceled immediately.

____ If I withdraw during the award period, I relinquish any unpaid stipend.

____ The tuition benefit is subject to refund/repayment policy, if I withdraw or drop courses.

Student’s Signature ___________________________________________ Date ______________

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