

Authorization for Additional On-Campus Work Arrangements for Graduate Student Officers

Student's Name:			UNI:	
SEAS Department: Fa	culty Spon	sor/PI:		
Registration Status: Full-Time Part-Time	□ M&F	Total Cre	edit Hours:	
Academic Year:	Term:	☐ Fall	\square Spring	☐ Summer
CURRENT STUDENT OFFICER APPOINTMENT:				
Appointment Type: ☐ Graduate Research Assistant ☐ Departmenta	ıl Research	Assistant	☐ Teaching	Assistant
Start Date: End Da (Please confirm with the Department Administrator)				
Are you currently an NSF Graduate Fellow? (If yes, please complete the "NSF Graduate Research	es 🗆		' section below)
PROPOSED ADDITIONAL ON-CAMPUS WORK:				
Department Name:				
Department Contact:	Contact's UNI:			
Start Date: End Date:* (Not to exceed eight hours per week)	I	Expected Ho	urs per Week*	·
Total Amount of Companyation for the Additional W	, 1			
Total Amount of Compensation for the Additional W	ork:			
Please describe the nature of the duties that you will	_			
•	_			
•	_			
•	_			
•	_			
•	_			
•	_			



NSF GRADUATE RESEARCH FELLOW CERTIFICATION:

Are you an NSF Graduate Research Fellow? \square Yes \square No (If 'No,' please skip this section)			
Please review the following guidelines for NSF Graduate Research Fellows: NSF Graduate Research Fellow Supplementation Guidelines			
[NSF GFRP Administrative Guide for Fellows and Coordinating Officials, NSF13-085, 2013, p.13]			
Please explain briefly how the proposed additional work arrangement will further your educational objectives and assist you in gaining substantive teaching or other experience:			



STUDENT CERTIFICATION:

I understand that, as a Student Officer:

- I may receive additional compensation for on-campus work arrangements outside of my normal coursework and student officer responsibilities, provided that such arrangements do not exceed a maximum of eight (8) hours per week and do not interfere with my studies.
- Before performing any of these on-campus work arrangements, I must obtain written authorization (signatures below) from: (1) my faculty sponsor / PI, (2) my Department Chair, (3) the Department in which I will perform the additional work, (4) the SEAS Director of Human Resources, and (5) the Associate Provost for Academic Appointments.

The information I have provided on this form is true and accurate to the best of my knowledge.

Student Signature	Date	
AUTHORIZATIONS:		
1 Faculty Sponsor / PI Signature	Date	
2Student's Department Chair Signature	Date	
3Head of Department in which Additional Work will be Performed	Date	
4SEAS Director of Human Resources Signature	Date	
5Associate Provost for Academic Appointments Signature	Date	