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| **KENT STATE UNIVERSITY****REQUEST FOR ADDITIONAL EMPLOYMENT** |
| Graduate Assistants (GAs) are expected to work a maximum of 20 hours per week on GA employment; the remainder of their time is typically spent in making progress toward degree completion. In rare circumstances, GAs may request approval for temporary employment in addition to their GA position. In approving such exceptions, consideration is given to the degree to which such an appointment might benefit career goals, impact degree completion and affect other students within the program. **ALL REQUESTS RECEIVED AFTER EMPLOYMENT HAS STARTED WILL BE DENIED FOR THAT SEMESTER.** **International students currently working a full-time assistantship (20 hours per week)** **may NOT work ANY additional hours.** |
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| SECTION A: (Completed by Graduate Student) |
| Name: |  | Banner ID: |  | E-mail Address: |
| Enter text here. |  | Enter text here. |  | Enter text here. |
| **Program/Unit you are enrolled in:** |  | **Degree:** |  | **Year in program:** |  | Current GPA: |
| Enter text here. |  | Enter text here. |  | Enter text here. |  | Enter text here. |
| **Program/Unit your assistantship is in:** |  | Is assistantship full-time (20 hrs) or part-time (10 hrs)? |  | Term of your assistantship: |
| Enter text here. |  | **[ ]  Full-Time** | **[ ]  Part-Time** |  | **[ ]  Fall** | **[ ]  Spring** | **[ ]  Academic Year** |
| **Program/Unit requesting additional employment\*:** |  | **Estimated weekly hours of additional duties:** |  | **Requested dates for additional duties:** |
| Enter text here. |  | Enter text here. |  | Enter text here. |
| *\*If additional employment is in a college/ office different from that in which the student is enrolled, the College Dean/Chief Administrator of the college/office requesting the additional employment must attach a supporting memo.* |
| **Attach a brief justification that addresses:** |
| 1. How the additional employment will promote your career goals.
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| 1. How the additional employment will impact your degree progress.
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|  |  |  |
| *(Signature)* |  | *(Date)* |
| *Please submit the completed form to the graduate coordinator or graduate program director for review.* |
| SECTION B: (Completed by Graduate Program Director) |
| **Name:** |  | E-mail Address: |  | Phone: |
| Enter text here. |  | Enter text here. |  | Enter text here. |
| Attach a brief justification that addresses: |
| 1. How the additional employment will impact the student’s progress to degree.
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| 1. How the additional employment will affect support for other students in the program.
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| *(Signature)* |  | *(Date)* |
|  |  |
| **SECTION C: (Approvals)** |
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| (Dean of College in which student is enrolled) |  | (Date) |
|  |  |  |
| (Dean/Chief Administrator in unit requesting additional employment, if different from above) |  | (Date) |
|  |  |  |
| (Dean of the Graduate School) |  | (Date) |