

TA/GA APPLICATION CHECKLIST

NAME: _____

DEPT: _____

- TA/GA Appointment Request Form**
- Internal Transcript**—must show current registration and GPA. If the student is in his/her first semester, please submit proof of registration. ***Remember that TAs and GAs cannot be hired with an Incomplete or Fail grade on their transcript.**
- Tuition Waiver**—a new tuition waiver must be submitted each semester with an internal transcript showing registration and GPA.
- Proof of Professional Development**—applicable for returning TAs. Professional development can be demonstrated through observation letters, etc.
- I-9 Packet**—send directly to the office of Human Resources

<input type="checkbox"/> TA	<input type="checkbox"/> GA	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire
<input type="checkbox"/> Fall Only	<input type="checkbox"/> Spring Only	<input type="checkbox"/> All Year	
NOTES:			

The student will be placed on the payroll after he/she submits a signed contract letter to Human Resources.

2009-2010 TA/GA Appointment Request Form

Please select one: Mr. Mrs. Ms. New Appointment Reappointment

Name: _____ ID/SSN# _____ Major: _____

Address: _____

E-mail: _____ Phone: _____

Residency: In-State Out-of State Foreign Country of Citizenship: _____ Visa Type: _____

Do you have the legal right to accept employment in the United States? Yes No

Proof of identity AND either US Citizenship or employment authorization are required prior to employment.

Position Applied For: _____ Dept: _____

I hereby authorize investigation of all statements contained in this application and attached data as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form may be cause for refusal of employment or termination if I am offered a position.

I understand that all graduate employees must satisfy the application and reappointment criteria listed in the Teaching Assistant and Graduate Assistant Handbook. If offered a position, I will apply for funding through the Tuition Assistance Program (TAP) and submit a current transcript as proof of matriculation and registration for at least 6 graduate credits.

Student's Signature: _____ **Date:** _____

SUNY New Paltz does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital status, or sexual orientation in accordance with federal and state law. We are an Affirmative Actions/Equal Opportunity employer.

Appointment Information

Department: _____ Account #: _____

Appointment Period: Fall 2009 Spring 2010 AY 2009-2010

Appointment Type: TA GA Load: Full Half
(app. 20hrs/wk) (app. 10hrs/wk)

Tuition Waiver: _____ # of graduate credits waived per semester (maximum of 6 credits)
(Academic year appointees will receive the indicated number of credits waived in the Fall and again in the Spring semester.)

Type of Tuition Waiver: In-State rate Out-of-State rate Foreign rate
 In-State MBA rate Out-of-State MBA rate Foreign MBA rate

Stipend Amount: _____

The base stipend rates are as follows:

Academic year full assistant: \$5000 Academic year half assistant: \$2500
One-semester full assistant: \$2500 One-semester half assistant: \$1250

TA/GA Assignment:
(Please be specific. This information will appear on the student's appointment letter.)

Authorizations

Department Chair: _____ Date: _____

Academic Dean: _____ Date: _____

Dean of the Graduate School: _____ Date: _____

FTE:

