



College of Graduate Studies
GRADUATE ASSISTANTSHIP
 Request for Additional APSU Employment

Semester: _____ Year: _____

Non-Resident Alien: YES NO

Total Combined Hours of Work Per Week: _____

If yes, visa type: _____

- Students who hold graduate assistantships may be permitted additional on-campus employment under special circumstances. Permission to work additional hours is granted solely by the Dean of the College of Graduate Studies and is not guaranteed.
- The total combined hours of APSU employment MAY NOT EXCEED 29 hours per week.
- For students with NRA status, students may refer to 8 CFR 214.2 (f)(6)(i)(H) to justify an additional 9 hours of employment to show that the graduate assistantship is deemed a part of their academic program.
- The form should provide a clear rationale for hiring. Once signed, the form should be sent to the student's GA supervisor, Graduate Program Coordinator, Office of International Student Services (if applicable), and finally to the College of Graduate Studies for approval. International students must additionally seek approval from the Office of International Student Services. Following final approval, the Graduate Studies Office will forward the request to HR.
- Students who receive COGS approval for additional employment must complete the general campus student employment process before starting another job. Upon receipt of COGS approval for additional employment, the requesting supervisor will submit a student employment request form (accessible at https://forms.office.com/pages/responsepage.aspx?id=xVdWpJbZzkiAPEJnv1qzc_qanIXZ-TxjAVCQWNYHSpUN0FKOF1SUVYS1hMWlcxUDUyWU1XSU4yUS4u). After the hourly employment process has been finalized by Human Resources, the student will receive an authorization email from studentemployment@apsu.edu.

Student Information		Assistantship Information	
Name		GA Assignment Area	
Student ID		Weekly # of GA hours	
Hours Enrolled		Graduate Coordinator	

Additional Employment Information			
Area of Additional Employment:		Supervisor Name (printed):	
FOAP (filled by supervisor):		Weekly # of Hours:	
Reason for Request:			

Required Approving Signatures (in routing order):

- (1) _____
 Additional Employment Supervisor (assigned area) Date
- (2) _____
 Graduate Assistant Supervisor (assigned area) Date
- (3) _____
 Graduate Program Coordinator Date
- (4) _____
 International Student Services Representative (if non-resident alien) Date
- (5) _____
 Dean, College of Graduate Studies Date