University of Kansas Medical Center

Appointment Agreement

Please indicate: __GTA __GRA __GA
__ New __Continuing or __Change in appointment
__ Check if graduating this semester

Last Name	First Name	MI	KUID

Appointment is for **(specify year):** ☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Appointment percentage: _____% (may not exceed 50%)

Statement of Understanding: I understand that I am required to remain enrolled in a minimum of 6 hours for the fall or spring term and 3 hours for the summer term. Total withdrawal from the University or enrollment in less than the minimum hours for the term without approval will result in termination of employment as GTA/GRA/GA. Termination of said employment for any reason before the minimum term of services as a GTA or GRA for the semester have been met (3 months GRA, 4 months GTA), may also result in reassessment and an obligation to pay additional tuition as the result of reassessment to non-GTA/GRA/GA tuition rates.

I have read the Statement of Understanding above. I certify that the information I have given is true and accurate. I will notify the Office of Graduate Studies (913/588-1238) in the event that I become ineligible for a GTA/GRA/GA appointment.

Notice: The Office of Graduate Studies must receive this completed form in order for your GTA/GRA/GA appointment to be added to your official record and the appropriate tuition waiver applied to your account.

Signature of Student	Date

Department	Department Chair (or Designee) Approval

GTA/GRA/GA Appointment Verification	Office of Graduate Studies	Date

KUMC
Office of Graduate Studies
5015 Wescoe, Mail Stop 1040

Revised 2/15/10