**Return application to:** grad@strose.edu

**Deadline: 2/9/18**

**Supervisor Information**

Name:

(Last) (First)

Department/Office:

Campus Phone:       Other Phone:

E-mail Address:

Have you been a GA supervisor previously? [ ]  Yes [ ]  No

Is this a new **position** or a renewal request? [ ]  New [ ]  Renewal [ ]  Renewal (new description)
*New – The position hasn’t existed before now.*

If the position is a renewal, do you wish to rehire the same **person**? [ ]  Yes [ ]  No

**Position Information**

Number of GAs Requested\*:      *\*If more than one, and the positions have different responsibilities, please complete separate applications for each position.*

Are you applying for a shared GA with another person? [ ]  Yes [ ]  No

*If so, please identify who*:

Will anyone else be supervising the work of your GA? [ ]  Yes [ ]  No

*If so, please identify who*:

Please choose **one** of the following options:

[ ]  Please select a GA for me [ ]  I want to select my GA

**Position Description** – Please select up to **three** descriptors for the position from the following list:

[ ]  Academic research

[ ]  Data analysis/evaluation

[ ]  Events management

[ ]  Fundraising

[ ]  Office assistance/operations

[ ]  Other research

[ ]  Outreach

[ ]  Program management/coordination

[ ]  Project management/coordination

[ ]  Technical/grant writing

[ ]  Tutoring/instruction/student support

**Knowledge & Skills** – Please list the top 3 skills/attributes required to be successful in this position

1.
2.
3.

**Desired GA Characteristics**

Do you prefer your GA be enrolled in a specific graduate program? [ ]  Yes [ ]  No

If so, please identify in order of preference:

Would you prefer a 1st year graduate student? [ ]  Yes [ ]  No

**New Position Requests (And Renewals with Revised Job Descriptions) Only**If you are requesting a new position or a revised job description, fill out the information below.

**Educational/Professional Development** - Please indicate potential educational and professional benefits offered by the assistantship.

**Mission** - Please describe how this assistantship will contribute to the mission and objectives of the College, your department or office.

**Scheduling** – Graduate Assistants are required to complete 150 hours of work per semester according to a mutually agreeable schedule. Below please indicate any specific scheduling requirements of your proposed position (eg. specific hours the GA must be on campus or available).

**Additional Information** - Please provide any additional information you wish to be considered.

**New and Renewal requests**

**Agreement & Signature**

By submitting this application, I affirm that I understand the following:

* I must provide my GA 150 hours of work assignments per semester,
* all hours must be completed within the academic calendar and according to the timeline provided by Graduate Admissions,
* the GA position is an academic-year award; therefore, it is my responsibility to choose a GA who is available for the entire year. If my GA leaves at mid-year for a foreseeable reason, such as student teaching or internship placement, my GA position will be replaced at the discretion of the Office of Graduate Admissions; and
* I have read and agree to abide by the Graduate Assistantship Program Guidelines for Supervisors

Supervisor Name:

Supervisor Initials:

Date:

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