

## GRADUATE ASSISTANT REQUEST FORM

Date of Request: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Ext: \_\_\_\_\_

Number of students requested: \_\_\_\_\_

Matriculation Status Preferred: MSW: Foundation\_\_\_\_ Concentration\_\_\_\_

PhD: First Year \_\_\_\_ Second Year \_\_\_\_

Number of Semesters: \_\_\_\_\_ Total Hours per week: \_\_\_\_\_

Fall Assignment start (M/D/YR) \_\_\_\_\_ Fall Assignment ending (M/D/YR) \_\_\_\_\_

Spring Assignment start (M/D/YR) \_\_\_\_\_ Spring Assignment ending (M/D/YR) \_\_\_\_\_

Summer Assignment start (M/D/YR) \_\_\_\_\_ Summer Assignment ending (M/D/YR) \_\_\_\_\_

Funding (please check one): School of Social Work \_\_\_\_ Project/Research Grant \_\_\_\_

Please indicate Project/Grant ID #: \_\_\_\_\_

### Description of Work Assignment

Research Assistant: \_\_\_\_\_ Teaching Assistant: \_\_\_\_\_ Other: \_\_\_\_\_

Please detail the tasks to be performed by the student(s) (Attach additional page if necessary)

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# Barry University

Ellen Whiteside McDonnell | School of Social Work

## Learning Outcomes:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Signature of person requesting a GA: \_\_\_\_\_ Date: \_\_\_\_\_

### Office of Student Services Use Only

Request Reviewed by: \_\_\_\_\_ Dated of Review: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Number of hours per week: \_\_\_\_\_

**(Full course credit requires the completion of 168 hours per semester. Students are required to complete 14 hours per week for 12 weeks. The Manager of Operations will prorate the completion of lesser hours).**

Cost per Semester: \_\_\_\_\_ Total cost for Academic Year: \_\_\_\_\_

Request Approved by: \_\_\_\_\_

Scheduled dates for advertisement: \_\_\_\_\_ to \_\_\_\_\_

Number of Applications Received: \_\_\_\_\_

Name of Student Selected: \_\_\_\_\_ ID # \_\_\_\_\_

Matriculation Status: \_\_\_\_\_ GPA: \_\_\_\_\_

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Graduate Assistant Request Form

**Affiliated forms:** Time Sheet, Graduate Assistant Evaluation Form,  
Notice of Termination, Graduate Assistant Contract, Graduate Assistant Schedule

**Affiliated Procedure:** Graduate Assistants Selection & Hiring

03/29/21

## Semester/Year-End Evaluation

Student Report Due Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Final Time Sheet Received: Yes/No (*circle one*) Learning Outcomes Achieved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Graduate Assistant Evaluation Completed: Yes/No (*circle one*) Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Student Services Coordinator