



Graduate Assistant Benefit Form

Any changes made to the information below (e.g. stipend, meal plan, termination or leave of GA) after the submission of this form should be immediately communicated to
Karissa Hagemeister, Academic Coordinator to the Provost.

Department Information

Supervising Staff/Faculty Member

Department Name

Department Number

Program Code

Phone Extension

Graduate Assistant Benefit Details

Graduate Assistant Name

ID Number

☐ Returning GA ☐ New GA

Graduate Program

Semester

Year

Please check the boxes that apply to your graduate assistant benefits.

☐ Stipend \$ _____/semester
(Object code 51700)

☐ Tuition Scholarship

☐ Meal Plan

Graduate Assistant Meal Plan Options (choose one)

☐ 14-meal plan (14 per week)

☐ 21-meal plan (21 per week)

☐ 5-meal plan (5 per week)

Supervising Staff/Faculty Printed Name

Supervising Staff/Faculty Signature

Dean Signature (If Applicable)

Vice President/Provost Signature

Date