June 13, 2017

Acceptance Form for Graduate Assistantship

I, ________________________________ ________________, ACCEPT the graduate Assistantship
Print first, middle initial, last name
TU ID

offered by the _____________________, from ________________ to ________________ and
Department
beginning date
ending date

requiring ________________ hours of work per week. I have read the Graduate Assistantship Handbook.

I understand that I must maintain a 3.0 GPA and meet the performance standards on the GA Position Requirements Form as discussed and reviewed with my supervisor related to this assistantship. If I fail to maintain these requirements, my graduate assistantship may be reduced, suspended, or terminated. I understand that I will be liable for repayment of any graduate tuition waiver received, if I should withdraw from any classes or terminate my graduate assistantship. I have reviewed the Graduate Assistantship Handbook with my supervisor. I understand I have to complete ________ hours* to fulfill my assistantship contract. The assistantship also can be terminated due to departmental financial exigency. In this case, the stipend is discontinued as of a specified date, but the tuition waiver is continued to the end of the current academic term. See# below

Student Signature:_______________________________       Date:______________

I agree that above statement is true. This Assistantship is funded by account number___________ or is a OGS funded award.

I have read the Graduate Assistantship Handbook Supplement for Supervisors and Departments & the Graduate Assistantship Handbook and understand all university policies & procedures pertaining to graduate assistantships. I will orient my student to this position, confer with my student to develop a work schedule, & maintain a record of the hours worked and the work done each week. In addition, a record will be kept of supervisory sessions to ensure assistantship requirements are met.

Supervisor Signature:_____________________________     Date: _______________

Statement of understanding
Of the Family Educational Rights & Privacy Act

I understand that by virtue of my employment with the Graduate School of Towson University, I may have access to records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Education Rights & Privacy Act of 1974. I agree to comply with FERPA and TU policies regarding confidentiality of student records. I acknowledge that such willful or unauthorized disclosure violates the Towson University policy and could constitute just cause for disciplinary action including termination of my employment.

Student Signature__________________________       Date____________________

*Note: In order to be consistent concerning hours worked for all students, each graduate assistant must meet the total hours as below before the end of the appointment. This ensures that each student is fulfilling his/her commitment. Please note: In each of the academic terms, there are more weeks than hours. See the Graduate Assistantship Handbook http://www.towson.edu/provost/provost/graduatestudies/assistantships/index.asp

TOTAL HOURS THAT MUST BE MET FOR ASSISTANTSHIP CONTRACT:

<table>
<thead>
<tr>
<th>Academic Term</th>
<th>10-hour assistantship</th>
<th>20-hour assistantship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 05/29/17 – 8/11/17</td>
<td>100 hours total</td>
<td>200 hours total</td>
</tr>
<tr>
<td>Fall 8/28/17 – 12/29/17</td>
<td>165 hours total</td>
<td>330 hours total</td>
</tr>
<tr>
<td>Spring 1/15/18 – 5/18/18</td>
<td>165 hours total</td>
<td>330 hours total</td>
</tr>
<tr>
<td>Fall/Spring 08/28/17 – 5/18/18</td>
<td>330 hours total</td>
<td>660 hours total</td>
</tr>
</tbody>
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