

Graduate Assistant Registration Form

Department of Chemistry

Semester

If you plan to accept an assistantship and obtain the tuition reduction, please fill out COMPLETELY and return to the Graduate Office. Please obtain appropriate signatures.

Name _____ Panther ID # _____

Phone (hm/cell) _____ Phone (lab) _____

Advisor _____

(Please provide your @student.gsu.edu email address): EMAIL: _____Check all that apply: Special Status Non-thesis MS Thesis MS PhDGeorgia Resident: Yes No Type of Visa: _____Please indicate preferred assignments or if arrangements have already been made regarding an assignment: Semester of graduation

Please check all labs/tutorials you have assisted in the past.

Labs: 1151 1152 1211 1212 2010 3100 3110 4000 4010 4190 4330Tutorials: 1201 1203 2401 3411 4111

Please indicate the courses you will be taking this semester, include research hours and group meetings. A minimum of 18 total hours is required. **If changes are made to the schedule below, a new GRA form MUST BE SUBMITTED.**

Course _____	CRN _____	Days/Time _____	Credit Hours _____
Course _____	CRN _____	Days/Time _____	Credit Hours _____
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Course _____	CRN _____	Days/Time _____	Credit Hours _____
Course _____	CRN _____	Days/Time _____	Credit Hours _____
Course _____	CRN _____	Days/Time _____	Credit Hours _____
Course _____	CRN _____	Days/Time _____	Credit Hours _____

Please indicate any other time restrictions:

Copy the front of your Panther Card here

I accept a graduate assistantship for this semester with the understanding that part of my responsibility as a GA is to satisfactorily perform my assignments for the period, as defined by obtaining satisfactory evaluations from the students, instructors and/or lab coordinators I assist, and that failure to do so may result in termination of appointment. **I also understand that by not registering for the required number of hours I forfeit my stipend and tuition waiver.**

Student Signature (required)_____
Advisor Signature (required)
Seen and approved_____
Area Advisor Signature (required)
Seen and approved_____
Graduate Director Signature (required)
Seen and approved