Graduate Assistant Registration Form
Department of Chemistry

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 □ PhD

Georgia 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 □ 4330

Tutorials: □ 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 ______

Course ____________________________ CRN ______ Days/Time ____________________________ Credit Hours ______

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: ____________________________

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)

____________________________________________ Graduate Director Signature (required)

____________________________________________ Seen and approved

Copy the front of your Panther Card here