Supplemental SGA Approval Form

To be completed by the student:

Name: ________________________________

Student ID Number: ___________________ Telephone: ___________________

Department: __________________________ College: ______________________

Degree Program: _______________________

Current SGA Status (TA or RA): __________

________________________________________  __________________________
Student’s Signature                      Date

To be completed by supervisor/college administration (All signatures required before upload):

Is the student international? Yes ____ (then the student is ineligible for additional hours) No ____ (then the student is eligible for up to 6 hours)

Nature of supplemental responsibilities: Teaching__________ Research__________

Semester of Supplemental SGA __________________

Number of additional hours per week________________

Please explain the purpose of the supplemental SGA and why this PhD student is needed:

________________________________________
Supervisor’s Signature                      Date

________________________________________
Graduate School Director/Administrator     Date

________________________________________
Graduate Associate Dean                    Date