REQUEST A GRADUATE RESEARCH ASSOCIATE (GRA),
GRADUATE TEACHING ASSOCIATE (GTA) OR STUDENT ASSISTANT (SA)
FOR USE BY WGSS, PHIL AND CEHV FACULTY

INSTRUCTIONS:

1. This form can be used to request a Graduate Associate or Student Assistant.
2. Please fill in this form completely and email back to Amber Williams: Williams.5449@osu.edu
3. Please use the following email header: ‘REQUEST FOR GRADUATE ASSOCIATE OR STUDENT ASSISTANT’

DEMOGRAPHIC INFORMATION (required):

A. Nature of Request: (GTA/GRA/SA/OTHER): ____________________________________________________________
B. Name of person making this request: ________________________________________________________________
C. Phone number for person making this request: _________________________________________________________
D. Email for person making this request: _________________________________________________________________
E. Department of person making this request (WGGS/PHIL/CEHV/OTHER): ________________________________
F. First Name and last name of student assigned to position: ________________________________________________
G. Student home department: ________________________________________________________________
H. Student primary advisor: ______________________________________________________________
I. Student phone number: ______________________________________________________________
J. Student email address: ______________________________________________________________
K. Hours per week desired for position: ________________________________________________________________
L. Desired start date of employment: _________________________________________________________________
M. Desired end date of employment: _________________________________________________________________
N. Account to which expenses associated with this request should be billed: _____________________________

BUSINESS PURPOSE:

Enter a description that explains the reason for this request. It must include details of the action/transaction (who, what, when) and how/why the action/transaction benefits the mission of the university/unit.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

ATTACHMENTS:

Please attach any supporting documentation related to this request to this form.