

**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.