



## TERMS AND CONDITIONS OF APPOINTMENT TO GRADUATE ASSISTANTSHIP (GRA/GA)

*The hiring manager completes this contract. For further information on terms and conditions, visit [go.rowan.edu/GraduateAssistantships](http://go.rowan.edu/GraduateAssistantships).*

**Mark one:**  Full-Time  Part-Time  Teaching Component  Research

**Mark one:**  GA  GRA

As a graduate assistant at Rowan University, I \_\_\_\_\_, accept the following terms and conditions:

1. My assistantship will be in effect for the period commencing on \_\_\_\_\_ and terminating on \_\_\_\_\_. The period of my work assignment will run from \_\_\_\_\_ to \_\_\_\_\_ during the fall, and from \_\_\_\_\_ to \_\_\_\_\_ during the spring, (inclusive of examination weeks but exclusive of holidays and authorized term breaks). ***During this period I will work for a maximum workload of \_\_\_\_\_ hours per week in the College of \_\_\_\_\_, at the Department/Program \_\_\_\_\_*** on activities assigned by the department. If I am absent during my regularly scheduled work time, I agree to make up lost time. I further understand that, subject to certain conditions, I may re-apply for an assistantship for a second year. Full-time Graduate Assistants are committed to 20 hours per week and cannot work additional jobs on campus. Part-time Graduate Assistants are committed to 10 hours per week and can work additional jobs on campus not exceeding 20 hours per week. GAs contracted for the full academic year may not work additional jobs during winter break.
2. I agree that the essential duties and responsibilities of my assignment have been explained to me, that I have read the Graduate Student Employee Handbook, and I further agree to perform such duties and responsibilities in a professional manner.
3. As a graduate assistant, I will maintain a minimum cumulative grade point average of 3.0. I understand that, should my grade point average fall below 3.0, I may forfeit my assistantship.
4. Hiring Manager please complete below. Enter the full stipend amount for the semester. Stipends will be paid bi-weekly.

Enrollment Term	Registered Hours	Tuition Waiver Credits	University Fees Funded	Health Insurance Funded	GA Stipend	Teaching Stipend	Research Stipend
Summer			\$	\$	\$	\$	\$
Fall			\$	\$	\$	\$	\$
Spring			\$	\$	\$	\$	\$

5. If I receive a grade of “Incomplete” in any course, I must have the “IN” removed no later than the 7<sup>th</sup> week of the following semester. I understand that, should I fail to have the “IN” removed within that time, I may forfeit my assistantship.
6. If, for any reason, I must resign from my assistantship, I agree to give a minimum of two weeks’ notice, in writing, to my work supervisor and the *Office of Graduate Research Services*.
7. If, for any reason, I am terminated or I must resign from my assistantship before the end of the period of my appointment, I understand that the following will apply regarding my stipend and tuition waiver:
  - a. If my termination or resignation becomes effective at the end of the semester, but prior to the end of the period of my work assignment, the stipend will cease upon the date of termination or resignation; however, the tuition waiver for the current semester will not be in jeopardy. I understand that I will forfeit any stipend and tuition waiver for the future semester.
  - b. If my termination/resignation becomes effective at any time during the fall or spring semester, I understand that my stipend (if applicable) will cease upon the date of termination or resignation. I am also aware that I may be fully responsible and liable for all tuition that has been waived for that semester.
8. I agree to participate in all meetings of graduate assistants that may be convened during the period of my assistantship, as well as all activities associated with the evaluation of the graduate assistantship program.

Student \_\_\_\_\_  
*Sign*

\_\_\_\_\_  
*Date*

Hiring Manager \_\_\_\_\_  
*Sign*

\_\_\_\_\_  
*Date*