UNIVERSITY OF MARYLAND EASTERN SHORE
DIVISION OF ACADEMIC AFFAIRS

Graduate Assistant Appointment Recommendation
(Incomplete forms will be returned)

Please (✓) appropriate box: □ New □ Amendment □ Other (Specify) __________________________
               □ Reappointment Date of Last Reappointment __________________________

CANDIDATE
Title First Name Middle Initial Last Name

MAILING ADDRESS __________________________

TELEPHONE __________________________
SOC. SEC. NO. __________________________ VISA STATUS __________________________

POSITION (Title) □ Graduate Research Assistant □ Graduate Assistant
               □ Graduate Teaching Assistant □ Other (Specify) __________________________

EMPLOYING DEPARTMENT/OFFICE __________________________

Does the candidate have or anticipate concurrent employment in another dept. or unit? No ________ Yes ________
If yes, provide name of department/office __________________________

TYPE OF CONTRACT □ 9 months □ 12 months □ Full-time □ Part-time _____ Percentage __________________________

APPOINTMENT PERIOD __________________________ TO __________________________

STIPEND/COMPENSATION RATE __________________________ EXACT __________________________
(if part-time)

BUDGET INFORMATION (FAS and/or FUNDING SOURCE) __________________________

SPECIAL CONDITIONS If non-institutional funds, is tuition remission allowable? □ Yes □ Not Applicable

Has applicant been admitted to a graduate program? □ Yes □ No

Is contract renewable upon availability of funding? □ Yes □ No

OTHER (Specify): If graduate assistant will teach, provide full course information __________________________

If an amended contract, state why __________________________

SUPPORTING DOCUMENTS COMPLETE INCOMPLETE
RESUME (Can be attached) __________________________ __________________________
UMES APPLICATION (Should be sent directly to Human Resources) __________________________ __________________________
LETTERS OF RECOMMENDATION/REFERENCES (Can be attached) __________________________ __________________________
OFFICIAL TRANSCRIPTS (Should be sent directly to Human Resources) __________________________ __________________________

I certify that the above information is correct.

Department Chair/Director __________________________ Print Name __________________________ Date __________________________

Signature __________________________ (if applicable) Date __________________________
Agricultural Accountant

Sponsored Programs __________________________ (if applicable) Date __________________________

Title III __________________________ (if applicable) Date __________________________

School Dean □ Agricultural and Natural Sciences □ Arts and Professions □ Business and Technology Date __________________________

Dr. C. Dennis Ignasias Dean, School of Graduate Studies Date __________________________

Mrs. Marie Billie Director, Human Resources Date __________________________

Dr. Ronnie Holden Vice President Administrative Affairs Date __________________________

Dr. Anna Vaughn-Cooke Vice President for Academic Affairs Date __________________________

Revised 3/30/2005
Academic Affairs Form #2