LOYOLA
UNIVERSITY MARYLAND

APPLICATION FOR GRADUATE ASSISTANTSHIP

SECTION I: STUDENT INFORMATION

Name (Please print) _____ Student ID _____

Department _____ Degree _____ Anticipated Date of Graduation (Month/Year) _____

Home Phone _____ Work Phone _____ E-mail _____

If you are an international student, do you possess a valid F-1 visa? ☐ Yes ☐ No

Attach your resume and a list of 3 professional and/or academic references.

Graduate Assistantship Position Title _____ Department/Division _____

Check the Academic Term(s) for which the Assistantship is requested.

SU Only ☐ Year _____ FA Only ☐ Year _____ SP Only ☐ Year _____

FA/SP ☐ Year _____ SU/FA/SP ☐ Year _____

Do you currently have a graduate assistantship in another department/division? Yes ☐ No ☐ If yes, where? _____

Have you ever received a Loyola University Maryland Assistantship? Yes ☐ No ☐

If yes, when? (Term/Year) _____ (Term/Year) _____ (Term/Year) _____

If selected for the above assistantship, I will fulfill the duties and responsibilities of the position in a professional manner consistent with the policies and procedures of Loyola University Maryland.

Student's Signature _____ Date _____

SECTION II: TO BE COMPLETED BY DEPARTMENT SUPERVISOR

To receive payment, the Employment Eligibility Verification (Form I-9), Federal Tax Form (W-4) and State Tax Form (MW 507) must be completed and attached. The Form I-9 must be completed within 3 business days of employment. All forms can be found in the Forms page of the HR website at www.loyola.edu/HR/Forms. If the student has not received any type of payment during the calendar year, he/she will be required to complete tax forms for the current calendar year.

Summer Semester	Fall Semester	Spring Semester
Total Hours	Total Hours	Total Hours
Scholarship Amt	Scholarship Amt	Scholarship Amt
Stipend Amt	Stipend Amt	Stipend Amt
Beginning Date	Beginning Date	Beginning Date
Account No	Account No	Account No

Sponsoring Professor/Director's Signature _____ Date _____

Budget Administrator's Approval _____ Date _____

Division Supervisor's Approval _____ Date _____

Once the application has been completed, include all required signatures, please retain a copy for the Department and send a copy to Student Administrative Services and a copy to Human Resources.

SECTION III: HR USE ONLY

Position ID _____ Pay Period _____ Number of Pays _____

HR Signature _____ Date _____

Print Form

Updated: 07/29/09