



GRADUATE STUDENT AUTHORIZATION FORM for EMPLOYMENT AS A GRADUATE RESIDENT ASSISTANT

Graduate and doctoral student candidates for the the Graduate Resident Assistant (GRA) position are required to get approval from an academic advisor to ensure that the academic department is aware of the impact being a GRA will have on a student's schedule. In providing you information about the position requirements, we would like you to confirm that you and your academic department authorize this student's application to become an GRA.

All GRA positions are based upon a 20-hour work week on average. Every GRA is required to participate in the following:

- August training, specifically August 13-September 3, 2018
- Weekly trainings and staff meetings each Wednesday evening from 7PM to 11PM
- Serving in a crisis on-call rotation at least once every week from 5PM to 9AM the next day, and 24-hours on weekends and holidays
- Arrive early or stay late for residence hall openings or closings to support resident students
- Respond to resident student and resident assistant inquiries, concerns or needs
- Complete all required paperwork and other duties as required by the department or their supervisor

GRAs are provided with room and board if placed in a dorm style position or room (no board plan) if placed in an apartment style position. With this information, we ask you to consider the following student's request for employment as a GRA within Residence Life. By providing your signature and approval, you are aware of the general requirements, the time commitment, and the compensation of this role.

Applicant Name: _____ U#: _____ has applied for a

GRA position in Residence Life for the 2018-2019 academic year. Applicant Name: _____

is a graduate student enrolled in the School/College/Program: _____

for the the 2018-2019 academic year. By signing below, I certify that I am aware of the GRA general position responsibilities and time commitments, and authorize Applicant Name: _____ eligibility to participate in these Residence Life roles.

Signature: _____

Date: _____

Advisor Name: _____

Title/Position: _____

Department Chair Name: _____

Date: _____