

**GRADUATE ASSISTANT AGREEMENT 2025-2026 Part I:****Completed by student**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NYS Resident:  Yes  No DOB \_\_\_\_\_ Phone: \_\_\_\_\_

Cortland ID: C00 \_\_\_\_\_ SS# \_\_\_\_\_

Semester:  Fall 2025  Spring 2026 (**Must be completed each semester**)

Course Reference Number (CRN)	Credit Hours	Course Cost: \$471/per credit hour (Max. of 6 credit hours per semester)
<b>Total</b>		

I hereby declare that I am eligible for support of tuition under applicable Board of Trustees resolutions and request approval as indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Completed by Department**

Department: \_\_\_\_\_

GA Position: \_\_\_\_\_ Dates of Obligation: \_\_\_\_\_ to \_\_\_\_\_

Please complete for each semester of the appointment:

<input type="checkbox"/> Fall 2025	<b># of credits supported</b>
Stipend Amount	
Tuition Support Amount	

<input type="checkbox"/> Spring 2026	<b># of credits supported</b>
Stipend Amount	
Tuition Support Amount	

Department Chair or Director \_\_\_\_\_ Date \_\_\_\_\_ Dean or Vice President \_\_\_\_\_ Date \_\_\_\_\_

Approved  Disapproved  \_\_\_\_\_ Associate Director of Admissions \_\_\_\_\_ Date \_\_\_\_\_**Part III Financial Aid Office:** \_\_\_\_\_**Part IV HR/Payroll/Business Office Use**HR \_\_\_\_\_ Line# \_\_\_\_\_ Business Office \_\_\_\_\_  
Payroll \_\_\_\_\_ Biweekly \_\_\_\_\_ #of pay periods \_\_\_\_\_ Actual Pay \_\_\_\_\_