

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)
Total		

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	# of credits supported _____
Stipend Amount	Stipend Acct #
Tuition Support Amount	Tuition Support Acct #

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

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 _____