

SCHOLARSHIP MODIFICATION FORM ±GRADUATE ASSISTANTS
Complete this form to adjust the tuition scholarshipa GA after the hiring document has been finalized. Return the signed R U P W R W K H \* U D G X D W H 6 F K R R O , lor\R X Q H H appointment periodyou should submit a revised PArtistead.

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UCA ID#:

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Hiring Department

Student is ecommended for appointment reappointment

Dates of Appointment (mm/dd/y.y) through

Will the student be graduating at the end of this appointment period Yes

Source of tuition scholarship fumdi: Dept Grant ±provide grant account #:

If grant funded, provide grant title:

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below:

Fall Fall award

Spring Spring award

May, Summer 1, 10 & 13 week May, Summer 1, 10 & 13 week award

Summer 2 Summer 2 award



Justification for GA Tuition Scholarship: (check all that apply)
Recruitment Incentive
Student Interest
Student experience and/or skill set
Teachingexperience
To be competitive with other departments or institutions
Doctoral student
Other

For <u>REAPPOINTMENTS</u> only: 7 K H 'LUHFWRU RI & RPSOLDQFH @AXVW UHYLF performance valuation prior to approving a reappointment. If you didattatch the evaluation to the hiring document please attach a copy here.

Department Chair or P.I. Signature:

Date: