UNLV Graduate College
Request for Additional Employment for Graduate Assistant

Student Name: _____ Date: _____

Department: _____

Advisor Name: _____

Approval requested for: ☐ Fall, 20____ ☐ Spring, 20____
(Check one or both. Approval will be considered for up to one academic year)

Describe additional employment being requested including rationale:

Number of hours per week: _____ hours
(10 hours per week maximum)

Student Signature: _____ Date: _____

Advisor: ☐ Approve ☐ Disapprove

Signature: _____ Date: _____

Graduate Coordinator ☐ Approve ☐ Disapprove

Signature: _____ Date: _____

Department Chair: ☐ Approve ☐ Disapprove

Signature: _____ Date: _____

Graduate Dean: ☐ Approve ☐ Disapprove

Signature: _____ Date: _____