



SUMMARY DUE PROCESS REVIEW GUIDELINES

Policy Information & Directions for GA Termination

1. *Once appointed, graduate assistants may not have their tuition/fees revoked for the current semester.*
2. *If the GA is properly noticed of pertinent work standards and fails to meet those standards, the Termination of Graduate Assistant form may be used to terminate a GA appointment and the attendant stipend prior to the end of the GA's appointed term of service.*
3. *Once officially noticed of termination, a GA may file a Summary Due Process Review form (with supporting documentation) within 5 business days. Failure to do so will suspend the student's right to review.*
4. *The terminated GA must be clear about her/his claims and allegations, as well as requested remedy. All available documentation to support claims and/or clarify the situation should be submitted.*
5. *The Summary Due Process Review, and supporting documents, must be speedily reviewed and responded to by the GA supervisor, graduate coordinator, department chair, and college dean.*
6. *The Summary Due Process Review documents and signed form must then be submitted to the Senior Associate Dean of the Graduate College who will consult with an independent review committee comprised of appropriate persons, which may include representatives from legal counsel, research services, sponsored programs, and/or the Graduate College faculty and student issues committee, as well as a GPSA representative.*
7. *The final decision will be rendered, and the final resolution will be signed, by the VP for Research and Dean of the Graduate College.*



SUMMARY DUE PROCESS REVIEW FORM

To Appeal the Termination of an Appointed Graduate Assistant

Please complete all sections below in the space provided. Attach additional information or documentation as necessary. Submit completed form with department & college dean signatures to the Graduate College attn: Dr. Kate Korgan, or you may scan & email the completed packet to kate.korgan@unlv.edu. NOTE: This form must be submitted for department signatures within 5 business days of GA notification of early termination of contract.

STUDENT INFORMATION

NAME OF GRADUATE ASSISTANT: _____ NSHE ID: _____

REBELMAIL: _____ PHONE: _____

NAME OF GA SUPERVISOR: _____ DEPARTMENT: _____

EMAIL: _____ PHONE : _____

GA appointed through: Fall Spring Summer of _____ (year) Termination Notification Date: _____

Please explain your reason for appealing the early termination of your GA appointment agreement, including any relevant supporting documentation:

Please provide a chronological narrative of pertinent events:

Please state your requested remedy for this situation:

TERMINATED GA's SIGNATURE

STUDENT SIGNATURE DATE

APPEAL REVIEWERS: Please attach any additional statements of fact or supporting documentation and sign below, indicating approval or denial of this appeal request.

Type/Print Name	Approve	Deny	Signatures
_____ GA SUPERVISOR	<input type="checkbox"/>	<input type="checkbox"/>	_____ GA SUPERVISOR SIGNATURE DATE
_____ GRADUATE COORDINATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____ GRADUATE COORDINATOR SIGNATURE DATE
_____ DEPARTMENT CHAIR	<input type="checkbox"/>	<input type="checkbox"/>	_____ DEPARTMENT CHAIR SIGNATURE DATE
_____ DEAN, ACADEMIC COLLEGE	<input type="checkbox"/>	<input type="checkbox"/>	_____ DEAN, ACADEMIC COLLEGE SIGNATURE DATE

FOR GRADUATE COLLEGE USE ONLY – Additional Information and Comments:

Type/Print Name	Signatures
_____ GRADUATE COLLEGE DEAN	_____ GRADUATE COLLEGE DEAN SIGNATURE DATE

Approve Deny Alternate Recommendation

Comments: