GRADUATE ASSISTANTSHIP
Tuition Scholarship Form

SECTION I: STUDENT INFORMATION

Name (Please print) _____ Student ID _____

Department _____ Degree _____ Anticipated date of graduation (Month/Year) _____

Phone _____ Loyola e-mail _____

Graduate assistantship position title _____ Department/Division _____

Check the academic term for which the assistantship is requested, select only one term. Form must be completed each semester.

Summer ☐ Year _____ Fall ☐ Year _____ Spring ☐ Year _____

Do you currently have a graduate assistantship in another department/division? Yes ☐ No ☐ If yes, where? _____

If selected for the above assistantship, I will fulfill the duties and responsibilities of the position in a professional manner consistent with the policies and procedures of Loyola University Maryland. If the assistantship award amount is reduced/rescinded, I am responsible for payment.

Student's Signature _____ Date _____

SECTION II: TO BE COMPLETED BY DEPARTMENT SUPERVISOR

Summer Semester	Fall Semester	Spring Semester
Total Hours	Total Hours	Total Hours
Scholarship Amt	Scholarship Amt	Scholarship Amt
Stipend Amt*	Stipend Amt*	Stipend Amt*
Beginning Date	Beginning Date	Beginning Date
GL	GL	GL

Sponsoring Professor/Director's Signature _____ Date _____

Budget Administrator's Approval _____ Date _____

Division Supervisor's Approval _____ Date _____

Once this form has been completed, including all required signatures, please retain a copy for the Department and email a copy to Student Administrative Services; sas@loyola.edu. If employment status changes, you must notify SAS immediately to reduce/remove the scholarship award.

*The hiring process must be completed in Workday for the stipend amount to be paid. Email studentjobs@loyola.edu with questions.

SECTION III: SAS USE ONLY

ID #:_____ Award Term_____ Award Amount _____ FA Award Code _____

Initials _____ Date _____

Updated: 08/26/24