



OLD DOMINION UNIVERSITY

The Graduate School

Graduate Assistant Responsibilities Agreement

G9

Name of Student: _____ UIN: _____

College: _____ Department/Program: _____

Employing Department: _____

Assistantship Category (check only one):

- GTA-Assistant
- GTA-Instructor
- GRA-Faculty Assistant
- GRA-Project Assistant
- GAA

From Semester/Year _____ to Semester/Year: _____

(Agreement may cover two contiguous semesters if assistantship is a fall/spring academic year position.)

Assistantship Position Description (attach additional sheet, if necessary):

This agreement constitutes the responsibilities associated with the assistantship for the semester(s) and year(s) indicated above. Students must meet all eligibility, enrollment, registration, and qualification requirements outlined in the *Graduate Catalog*. A student is contracted to devote up to 20 hours maximum per week during the semester, apart from his/her academic work, to the duties required by the assistantship. The student's work schedule is to be negotiated between the student and the supervisor along with a schedule of meetings and preferred modes of communication. In addition, the student may be required to attend special training sessions as indicated by an addendum to this agreement. *However, all students appointed as GTAs must have completed the Graduate Teaching Assistant Institute prior to beginning an assistantship.*

An evaluation of the student's assistantship performance will be conducted by the supervisor at the end of each semester of the appointment; if this agreement covers the student's initial appointment and first semester on assistantship, there will be a midterm evaluation in the first semester as well. Separate forms are required when a student is assigned to more than one supervisor or his/her duties are divided between two categories above.

By signing below, the student agrees to the terms of the assistantship appointment and agrees to adhere to the Policy of Additional Employment, FERPA regulations, the University Policy on Confidentiality, the University Policy on Intellectual Property, and the University Code of Ethics.

_____ Student's Name (Print)	_____ Student's Signature	_____ Department	_____ Date
---------------------------------	------------------------------	---------------------	---------------

_____ Assistantship Supervisor's Name (Print)	_____ Assistantship Supervisor's Signature	_____ Department	_____ Date
--	---	---------------------	---------------

_____ *Student's Graduate Program Director's Name (Print)	_____ *Student's Graduate Program Director's Signature	_____ Department	_____ Date
--	---	---------------------	---------------

_____ Funding Source Director Name (Print) (e.g., Chair; Grant PI)	_____ Funding Source Director Signature (e.g., Chair; Grant PI)	_____ Department	_____ Date
--	---	---------------------	---------------

FUNDING SOURCE BUDGET CODE / GRANT #

*In the event the GPD is the student's supervisor, the signature of the Chair or Dean's designee will suffice for department approval.

Please send electronically to the Graduate School at graduateschool@odu.edu.

- Copies: Department Records
Student's Supervisor
Graduate Student Program File
Student

General Graduate Form: G9
(Rev. 08/2019)

For Graduate School use only: Agreement copy received (date): _____