



# ZU GTA/GRA Agreement Form

Student Name (ZU ID):		Mob. #	Hiring College
ZU Student number	Supervisor name (ZU ID):		
ZU Grad program	Supervisor mobile #		
<input type="checkbox"/> GTA	_____ h/week	Semester (20__ ) <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Start date: End Date:
<input type="checkbox"/> GRA	_____ h/week	Semester (20__ ) <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Start date: End Date:
Supervisor Research Grant # (for payment)			
Responsibilities:			
Termination of agreement: Recipients must provide the faculty supervisor and the Office of Graduate Studies 10 working days' written notice if they wish to terminate the GTA/GRA prior to the contract end date. The faculty supervisor may terminate this agreement with 10 working days' notice for failure to carry out the designated responsibilities or for cause.			
Approval Signatures			
Student:		Supervisor:	
Date:		Date:	
Dean/Asst. Provost Research:		HC Delegate:	
Date:		Date:	
Vice President:			
Date:			

