

BGS PERMISSION FOR ADDITIONAL TRAINING AND COMPENSATION

TO: _____ Date: _____
(student's advisor) (MM/DD/YYYY)

FROM: _____, _____
(student's name) (student's graduate group)

I am requesting your approval for additional paid activity for _____
(course, job, supervisor and department)

I expect to work approximately _____ hours per week for a total of approximately _____ hours for the semester. I will receive \$ _____ per month for this job for a total of \$ _____.

The duration of the job cannot exceed one academic term without prior approval.
from _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

I am confident that this additional job will not negatively impact my academic work. I understand that I must obtain approval for this job by completing this form PRIOR to beginning the job. Thank you for reviewing my request.

Detailed description of job responsibilities:
Justification of how this activity will further your training as a BGS student:
Have you been a TA or received approval for additional training before? If so, provide details on when and what:

Student name printed

Student signature

Advisor name printed

Advisor signature

Graduate Group Chair name printed

Graduate Group Chair signature

Kelly Jordan-Sciutto, PhD
BGS Director

BGS Director signature (required for service greater than 100 hrs.)

Please note: After you have received the permission of your advisor and graduate group chair, please signed the signed form to Colleen Dunn in the BGS office (160 BRB), who will notify you of the decision. Please be advised that if this form does not include all of the pertinent information and signatures, it will be returned to you. Emailed or verbal approvals cannot be submitted in lieu of original signatures on this form. Approval must be granted PRIOR to beginning your job.