

GA/GTA/GRA Requests

Request for (fall, spring, summer and year; i.e. SP21): _____

Request by (faculty name): _____

Date: _____

Provide name and first name for each graduate student. Provide desired course number for GA/GTA requests and specify whether the student serves as GA or GTA. Provide MoCode for GRA requests along with % FTE and monthly salary (must be equal or above stipend-X).

Last Name	First Name	Course Number	Position (GA/GTA)	MOCODE (For GRA)	% FTE	GRA Salary

All completed forms should be emailed to chem@mst.edu.