

REQUEST FOR PERMISSION TO WORK (FULLY-FUNDED STUDENTS ONLY)

INSTRUCTIONS:

This form can be used by fully-funded students to request permission to work more than 20 hours per week during the academic year. Work is defined as internships (paid or unpaid), research for a professor or researcher, or any miscellaneous employment on or off campus.

The intent of providing full funding to students is to support living expenses so they can study full-time. Full-time study means not only taking 9 credits a semester, but devoting full attention to academic work. Jobs of any type necessarily detract from academics.

Students should complete this form and submit it to the Director of Graduate Studies for their program. If their program does not have a Director of Graduate Studies, students should submit the completed form directly to their Graduate Dean. Failure to obtain approval could jeopardize your funding package.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- | | |
|----------|--------------------|
| Name: | Fellowship: |
| GWID: | Stipend Amount: \$ |
| Address: | Email: |
| | Phone: |
- How many hours per week would you work?
- What is the duration of employment? From : _____ To: _____
- What is the hourly rate? _____ OR if paid a flat sum for employment, how much will it be _____
- Describe the employment or internship in which you wish to participate. Include the name of the person, place of employment, and general duties.

6. What is your general motivation in seeking employment? If academic, how will the experience enhance your program of study? If financial, describe your special needs.

7. Additional Comments

FOR ADMINISTRATIVE USE ONLY

ROUTING INFORMATION

Director of Graduate Studies --> Graduate Dean --> OGSAF (only required if funded by OGSAF)

DIRECTOR OF GRADUATE STUDIES

Recommended for Approval
Recommended for Denial

Comments:

Signature: _____

Date: _____

GRADUATE DEAN

I give permission to hold the job or internship as described above. Should your situation change to a different placement, another request must be submitted.

Signature: _____

Date: _____

OGSAF (only required if funded by OGSAF)

Recommended for Approval
Recommended for Denial

Comments:

Signature: _____

Date: _____

I do not approve. You must notify this office within two weeks of the date of the signature below as to whether you plan to resign the fellowship (stipend and/or tuition award) and continue work or terminate employment and continue the fellowship. Until the situation is resolved, no further stipend payments will be made.