

GSI Appointment Form

INSTRUCTIONS: The hiring unit should complete this form and obtain the student's signature in the box on the back of this form. The student's signature indicates an understanding of the policies governing the appointment. Please do not use this form for GSR, Reader, Tutor, or exceptional appointments. Submit this form to Graduate Division Appointments, 318 Sproul Hall MC 5900.

Name: _____
Last First MI

SID: _____

Period of appointment: Fall 19__ Spring 19 __

Title Code: 2310 Step 1 1506 Step __

Percent of Time: _____

Is the appointee an International student? No Yes

If yes, student must have taken and passed the oral English proficiency test. Please provide:

TSE/SPEAK score _____
or OPT score _____

date taken _____
date taken _____

Is this appointment for a 200-level course? No Yes

If yes, this form cannot be used. Please submit a REQUEST FOR EXCEPTION FORM.

Full responsibility for the course? No Yes

If yes, please answer the following:

1) Will the GSI teach under the supervision of a faculty member? No Yes

If yes, name of Instructor of Record (faculty member):

2) Will the GSI have responsibility for course content? No Yes *

3) Will the GSI sign the grade sheet? No Yes *

* If you answer YES TO QUESTIONS 2 OR 3, this form CANNOT be used.
Please contact the Appointments Unit for further instruction.

Please complete Side 2 (back) of this form

GSI Appointment Criteria

During the period of appointment the student must:

- Have a GPA of at least 3.1
- Have no more than 2 INCOMPLETES in upper division or graduate level courses
- Be registered and enrolled in a MINIMUM OF 8 UNITS
- or*
- Be on approved FILING FEE status
- Submit TIME RECORDS that reflect the appropriate percentage of effort throughout the semester of appointment
- Plan and report ABSENCES consistent with hiring unit policy.

If this appointment (or this appointment in combination with an existing appointment) exceeds 50%, a REQUEST FOR EXCEPTION FORM must be submitted and wages will be subject to DCP/Medicare withholding.

I have read and/or been informed about the guidelines and policies governing this academic appointment. To the best of my knowledge, I meet the above criteria for this appointment.

Student's signature

Date

Post-baccalaureate teaching experience at a qualifying university/college

The following must be completed. Do NOT substitute resume, c.v., or academic biography.

Month/year student received bachelor's degree: _____

Student has received a masters degree OR completed at least 24 units of graduate work

Year	Term			Length of Course		Student's Title			Course & Number	Name of University or College
	Fall	Winter	Spring	Quarter	Semester	TA/GSI	Reader	Lecturer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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