

**HOFSTRA UNIVERSITY
GRADUATE ASSISTANT/INTERN
APPOINTMENT/REAPPOINTMENT FORM**

CANDIDATE'S HOME ADDRESS

POSITION

REPLACEMENT FOR

APPOINTMENT PERIOD: FROM

TO

SALARY SOURCE (BUDGET NUMBER)

NUMBER OF HOURS PER WEEK REQUIRED TO WORK

STIPEND (IF APPLICABLE)

TUITION REMISSION (IF APPLICABLE)

RESPONSIBILITIES

DEPARTMENTAL APPROVAL _____ DATE _____

DEAN'S COMMENTS _____

DEAN'S SIGNATURE _____ DATE _____

PROVOST'S OFFICE _____ DATE _____