INSTRUCTIONS: The hiring division/unit should complete this form and obtain the student's signature at the bottom.

Name: __________________________________________ Last  First  Mi  SID: __________________________

Hiring division/unit: ___________________________________  Contact person: __________________________

This appointment is for: Fall  _____  Spring  _____

The appointment step is:  ☐ Step I  ☐ Step II  ☐ Step III  ☐ Step IV

Course number:____________________________________  Instructor name:______________________________

Note:   If this appointment or a combination of appointments exceeds 50%, a letter of approval from the Head Graduate Advisor of the student’s academic department must be submitted in advance of the appointment(s).

☐ Is the appointee an international student?  ☐ No  ☐ Yes

If yes, the student must have taken and passed the oral English proficiency test, or be exempt based on established policy.

Please provide:  SPEAK score  date taken __________

or OPT score  date taken __________

If exempt, please state reason: __________________________

☐ Will this GSI teach under the supervision of a faculty member?  ☐ No  ☐ Yes

If no, this form cannot be used. Please contact the Appointments Unit for further instruction.

☐ Will this GSI determine course content?  ☐ No  ☐ Yes

☐ Will this GSI sign the grade sheet?  ☐ No  ☐ Yes

If yes to either of the two questions above, this form cannot be used. Contact the Appointments Unit for further instruction.

Appointment Criteria

During the period of the appointment this student must:
1. Have a GPA of at least 3.0
2. Have no more than 2 incomplete grades in upper division or graduate level classes
3. Be registered and enrolled in a minimum of 12 units (except summer and winter breaks) unless already advanced to doctoral candidacy
4. Plan and report absences consistent with hiring unit policy

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 Signature  Date