

Terry College of Business
UNIVERSITY OF GEORGIA
2008-09 Assistantship Reply Form

I ACCEPT THE ASSISTANTSHIP FOR: FALL 2008 AND SPRING 2009

I DECLINE THE OFFER. FALL ONLY SPRING ONLY

SIGNATURE

DATE

IF YOU ACCEPT THE OFFER, PLEASE COMPLETE THE FOLLOWING INFORMATION FOR PAYROLL PURPOSES:

SSN NUMBER

777-xx-xxx Assigned SSN for International Students

NAME YOU PREFER TO BE CALLED

LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

CURRENT STREET ADDRESS

CITY/STATE

ZIP

CURRENT DAYTIME PHONE

E-MAIL ADDRESS

DATE OF BIRTH (MONTH/DAY/YEAR)

SEX

ETHNIC ORIGIN

MARITAL STATUS

IF APPLICABLE: NAME OF SPOUSE

COUNTRY OF CITIZENSHIP

IF NON-U.S. CITIZEN, VISA TYPE

HIGHEST DEGREE EARNED
BY AUGUST 2008

INSTITUTION

YEAR REC'D

PREVIOUS EMPLOYMENT AT UGA?

NO

YES, IF YES, DATES: _____

WILL ENROLL:

FALL 2008

ALREADY ENROLLED

PLEASE READ, AND SIGN BELOW, IF YOU ARE ACCEPTING THIS OFFER.

I understand that I must register for a minimum of 12 credit hours each semester of the regular academic year and for 9 hours during summer school. I also understand I must be registered before the first day of classes each semester, or forfeit my assistantship.

I fully understand the contents of the information sheet included with my award letter and understand that continuance of an award is contingent upon satisfactory academic progress and satisfactory performance of my assigned duties.

SIGNATURE

DATE

For Department Use Only

GRADUATE ASSISTANT MASTERS

GRADUATE RESEARCH ASSISTANT DOCTORAL

GRADUATE RESEARCH ASSISTANT MASTERS

GRADUATE TEACHING ASSISTANT DOCTORAL

GRADUATE TEACHING ASSISTANT MASTERS

Account Number or Acct Name: _____