Dean/Associate Dean:

Assignment of Duties for Graduate Assistantship (GA) in the Faculty of Arts & Science

Graduate student's name:		ID Number:			
Program/Major:					
Initial starting date in the program:	(year)	(month)	(day)		
Supervisor's name:		Department:			
ASSIGNED DUTIES (BY SEMES course/lab set-up or assistance to instruct Graduate assistants should 1) consult couextend to two days after the end of the	ors is secondary. If needearse outlines for dates of te	ed, students may be assi ests/assignments if they	gned duties in a related are assigned to markin	d discipline in another department. g; and 2) assume that their duties will	
Dept Graduate Coordinators should also is completed at the end of the assignment			etations and Evaluation	" form with the student. The final part	
Note: Students are required to complete 24 Students must be registered in their submit completed form to the Dean's	program of study during a				
Semester a	assignment; please use t	the designations giver	above:		
Course/Assignment:					
Duties (specify):					
Total Hours:					
Instructor:					
Department Chair:		Date	2:		
Semester	assignment; please use the designations given above:				
Course/Assignment:					
Duties (specify):					
Total Hours:					
Instructor:					
Department Chair:			Date:		
SIGNATURES OF AGREEMENT					
Student:			Date:		
Supervisor:			Date:		
Dept Graduate Coordinator:			Date:		

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act ("Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of assigning Graduate Assistantship hours. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.