**Graduate Additional Work Approval Form**

*Graduate students should use this form to request approval for working more than 29.5 hours per week.*

Routing:

* Requests impacting Graduate Scholars, UNIDEL Distinguished Graduate Scholars, Dissertation Fellows and Doctoral Fellows should be routed to Sr. Assistant Dean LaRuth McAfee.
* Requests impacting students on TA, GA and RA contracts should be routed to Associate Dean Mary Martin.

I hereby support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Student) for additional work exceeding 29.5 hours per week. Note: No student may work on campus for more than 29.5 hours per week.

Additional employment start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional employment end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all boxes that apply:

* I confirm this student maintains good academic standing
* I confirm this student can balance academic and contract expectations with this additional work

Additional comments or conditions (e.g. regular check-in every month):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Advisor Signature of Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director Signature of Program Director

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Program name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate College Dean or designee Signature