

GRADUATE ASSISTANTSHIP COMMITMENT

TO: Graduate School Business Office
210 South Jackson Street
Athens, GA 30602-1633
Fax: 706-542-6287

DATE: _____

This is to request that _____
Name of Graduate Student Student ID #

be allowed to register for summer semester, 2015 under the reduced matriculation fee based upon his/her employment as a graduate assistant as listed below:

	Employing Department	Percent time of Employment	Period of Employment
AY 14-2015:	_____	_____	_____
	_____	_____	_____
AY 15-2016:	_____	_____	_____
	_____	_____	_____

I certify that this student has received and accepted a written offer of a graduate assistantship for the 2015-2016 academic year.

Department Head or Graduate Coordinator

I have reviewed the information listed above and upon the basis; I am requesting registration under the reduced matriculation fee for summer semester, 2015. If for any reason I am not employed as indicated above or otherwise do not satisfy requirements for registering under the reduced matriculation fee for graduate assistants, I do hereby agree to reimburse The University of Georgia the full amount of the fee reduction and/or any waived out-of-state tuition for summer semester, 2015. I also understand that this amount will be due and payable in full immediately and that there will be NO payment plans.

Signature of Student

Local Address

Local Telephone Number