

**Communication Sciences and Disorders
Graduate Assistantship Approval Form**

I _____ have reviewed the Department of Communication Sciences and Disorders (CSD) policy on Graduate Assistantships that are external to the CSD Department. If approved, I understand that my primary obligation is to complete the program requirements for my degree program including clinical, academic, and professional requirements. Failure to meet my clinical, academic, and professional requirements will necessitate a meeting with my graduate advisor and committee in regards to my ability to continue as a Graduate Assistant. I am requesting approval for a Graduate Assistantship.

Sponsoring Unit/Department:

Duties and Responsibilities:

Specific requirements of the position (e.g., days or times in the week) include the following:

Explanation of how the position will expand professional knowledge and skills:

After reviewing the CSD Graduate Assistantship Approval Form as well as the letter of appointment/contract, the Graduate Assistantship as described above is

Not Approved

Rationale:

Approved

Chair of Communication Sciences and Disorders

Date