

## Graduate Additional Work Approval Form

*Graduate students should use this form to request approval for working over 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 by emailing [mcafee@udel.edu](mailto:mcafee@udel.edu).
- Requests impacting students on TA, GA and RA contracts should be routed to Associate Business Officer David Hannah by emailing [dhannah@udel.edu](mailto:dhannah@udel.edu).

### Student to Complete:

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Existing UD funding type(s) (e.g., Doctoral Fellowship, Graduate Scholar Award, advisor-supported RA, etc.): \_\_\_\_\_

Existing UD funding start date: \_\_\_\_\_

Existing UD funding end date: \_\_\_\_\_

Time commitment for current position(s): \_\_\_\_ hours/week

Brief description of additional employment for which approval is requested:

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

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

Time commitment for additional employment: \_\_\_\_ hours/week

Why is this position valuable to you personally, academically, and/or professionally:

**Advisor and Program to Complete:**

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.

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

\_\_\_\_\_  
Program name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate College Designee

\_\_\_\_\_  
Signature