

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.
- Requests impacting students on TA, GA and RA contracts should be routed to Business Officer Cindy Rechsteiner by emailing cindyr@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 Dean or designee

Signature