



Office of Financial Aid

216 Lela Raney Wood Hall
Columbia, MO 65215
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FAX (573) 876-2320
EMAIL finaid@stephens.edu

Student Name (Last, First)	Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2024-2025 Graduate Assistantship Form

Before Stephens College can provide any graduate assistantship benefits, we require confirmation of your employment status each term.

Section A: To be completed by Stephens College Graduate Assistant

Degree/Academic Program	
Term Seeking Benefit	

I understand the following:

- Tuition and fees for graduate assistants will be waived at 100%. All other expenses associated with enrollment are the sole responsibility of the student. This includes books, housing, and meals.
- If an employee resigns or is terminated for any reason from their graduate assistantship, the tuition and fee waiver will continue only until the end of the term in which the termination occurred.
- I am enrolled in all of the courses I plan to take during the term indicated above. If my enrollment changes, I will contact the Office of Financial Aid immediately.

I understand and confirm the above.

Student Signature

Date

I, _____, am the supervisor of the individual named above and approve their graduate assistantship for

PRINT NAME

the term indicated above.

Supervisor Signature

Date

Supervisor Title

Department

FOR OFFICE OF FINANCIAL AID USE ONLY

Term Processed: _____

ITGRADASST Amount Added: \$ _____

To calculate amount of waiver, look up tuition and all fee charges in PowerCampus. That amount will be the ITGRADASST amount.

FA Staff Initial: _____