

## Process for Graduate Assistantship Funding Months of Support Extension Requests

Beyond 24 months of funding for master's students and beyond 48 months of funding for doctoral students (*unless a department has previously been approved months beyond the maximum*):

1. Only one extension per student, for up to 12 months of funding will be considered.
2. The request will first be reviewed and approved by the graduate dean. The request is not approved until you receive a memo with the decision.
3. If the requester is not the academic department, a support memo from the student's academic department is also required.
4. A graduate assistantship funding months of support extension request form should be completed by the school and sent to [crystal.harris@siu.edu](mailto:crystal.harris@siu.edu). The form should include:
  - Students name
  - Students dawgtag number
  - AIS number (if known)
  - Position ID number (if known)
  - Percentage of time requested (FTE)
  - Name of Department/School (College)
  - Name of Department/School requester
  - Program Area (Hiring)
  - Name of program area requester
  - Beginning and ending dates of extension request
  - Date of request
  - Current active appointment dates
  - Current degree sought
  - List % FTE during current active appointment
  - Length of requested extension (number of months)
  - Assessment of academic progress to a degree
  - Justification for extension
  - Appropriate signatures



# Graduate Assistantship Funding Months of Support Extension Request

Graduate Assistant Name:

GA Dawg Tag #:

GA AIS#:

Position ID#:

Percentage of Time Being Requested (FTE):

Depart./School (College):

Depart./School Requester Name:

Program Area (Hiring):

Program Area

Requester Name:

Beginning & Ending Date of Extension Request

Date of Request:

**Current active appointment:** Beginning Date:

Ending Date

Date **Current Degree Sought:** Master's

Doctoral

**List % FTE during current active appointment (e.g., 25% or 50%)**

Research Assistant

Teaching Assistant

Administrative Assistant

## Length of Requested Extension (Number of Months)

### The following information must be provided:

1. Total months of GA support received by this student (including the current appointment)?
2. Has this student previously received approved GA extensions? yes/no  
If YES,  
How many times of GA extension have been granted?  
What was the total requested extension (e.g. number of months)?
3. **Assessment of Academic Progress to a Degree**  
(Attached additional pages if necessary)

#### Ph.D. Student

- Date of admission to the doctoral program
- Where is the student in the process of doctoral degree completion?
  - Coursework completed? (Yes/No)

- Preliminary examination (completion date)
- Research tool requirement (completion date)
- Residency requirement (completion date)
- Admission to candidacy (completion date)
- Status of dissertation completion
  
- Finale examination/oral defense (completion date)
  
- Specific timeline for degree completion (completion date)

Master's Student

- Date of admission to the master's program
- Where is the student in the process of master's degree completion?
  - Coursework completed? (Yes/No)
  - Status of thesis/research paper completion
- Specific timeline for degree completion

**4. Justification for Extension** (Attached additional pages if necessary)

**ADMINISTRATIVE APPROVALS**

\_\_\_\_\_  
Director/Chair

Date

\_\_\_\_\_  
College/School Dean

Date