



## REQUEST FOR APPROVAL OF EXTRA ON-CAMPUS EMPLOYMENT HOURS

Note that full-time graduate students are typically offered teaching assistantships of a maximum of 120 hours per term as part of their graduate funding packages. Full-time graduate students who wish to accept additional employment appointments for on-campus work (e.g. TA or RA hours) above the 120 hour maximum must first seek and obtain the approval of their Supervisor (if applicable) and their Graduate Program Director. The completed form is then submitted to the Faculty of Graduate Studies Office at MC D250 for Dean of Graduate Studies approval.

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

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

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

Defined Length of Program (*number of terms in total*): \_\_\_\_\_

Number of current term of study: \_\_\_\_\_

Additional appointment(s) for which approval is sought (i.e. all hours above 120 hours per term):  
\_\_\_\_\_  
\_\_\_\_\_

Number of extra hours requested per term: \_\_\_\_\_

Term(s) in which the additional appointment(s) will take place:    Fall ☐    Winter ☐    Spring ☐    Summer ☐

### APPROVALS

#### GRADUATE STUDENT:

I certify that this approval will not jeopardize my completion of the work required by my graduate program during the term or terms specified.

#### Graduate Student's Signature

Date

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

#### SUPERVISOR: (if applicable)

I am in support of my student taking on the extra employment hours and certify that the extra hours of work are not expected to impede the student's timely completion of his/her graduate work during the designated term or terms.

Supervisor's Name: Please Print

Signature

Date

#### GRADUATE PROGRAM DIRECTOR:

I support this student's request for extra employment hours and certify that I do not expect the extra hours will impede the student's timely completion of his/her graduate program.

Graduate Program Director's Name: Please Print

Signature

Date

#### DEAN OF GRADUATE STUDIES:

Dean of Graduate Studies Signature

Date

#### For Office Use Only:

Original to: HR ☐    Copies to: Dean, Graduate Studies ☐    Graduate Program Director ☐    Student's File ☐    Student ☐

DATE: \_\_\_\_\_