FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: http://www.brocku.ca/gradstudies/

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: _____