



**SCHOOL OF GRADUATE STUDIES  
REQUEST FOR FULL-TIME GRADUATE STUDENTS  
TO WORK ADDITIONAL HOURS**

The School of Graduate Studies is committed to student success, and any limitations placed on working hours are based upon timely program completion.

Full-time research based graduate students are expected to be pursuing their studies on a full-time basis and making satisfactory progression toward program requirements. Employment as a teaching assistant (GSTA) or research assistant (GSRA) is subject to the policies detailed in the Collective Agreement of the Union of Graduate Student Workers (USGW) which states:

*A full-time Graduate Student will not normally be employed as a GSTA and, or, GSRA for more than 520 hours over a 12 month period. A GSTA and, or a GSRA's employment duties may, but need not, be directly related to their academic studies.*

However, the University acknowledges students' capacity for making good decisions and thus, students are able to pursue on-campus employment beyond the average of 10 hours per week, but generally not exceeding 20 hours per week, on average, in each term.

For consideration of an exception, all full time graduate students must discuss with their supervisor (or supervisory committee) how this may potentially impact progress and attendance. Endorsement by the supervisor and the Director of Graduate Studies in their Faculty/Department is required and conveyed by this form.

Student Information		
Student ID#	First Name	Family Name
_____	_____	_____
Email Address	Degree	Department or Graduate Program
_____	_____	_____

<b>STUDENT ACKNOWLEDGEMENT:</b>	
By signing this form, I hereby acknowledge that I understand my responsibilities as a graduate student, and agree to the terms thereof. In addition, I recognize that permission from the School of Graduate Studies is required if my cumulative employment on campus is greater than 10 hours per week. I understand that approval to work additional hours may be revoked if I am unable to maintain satisfactory academic progress.	
Student's Signature:	Date:
_____	_____

**DEPARTMENTAL AND PROGRAM SIGNATURES, IF THE REQUEST IS SUPPORTED**

**Job Title and Brief Explanation of Position**

<b>Student's Graduate Supervisor</b>	NAME (Print)	Signature:	<b>DATE</b>	
<b>Director of Graduate Studies (Home Department/Faculty)</b>	NAME (Print)	Signature:	<b>DATE</b>	

**For Administrative purposes only**

**DECISION FROM SCHOOL OF GRADUATE STUDIES**

**Approved**       **Not Approved**

**Comments:**

<b>Associate Dean</b>	NAME (Print)	Signature:	<b>DATE</b>	
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**SGS Notifications**

**CC: Payroll/Student/Program/Hiring Dept      Date:**