



\_\_\_\_\_  
Student

\_\_\_\_\_  
Degree Status  
(MFR/MNR/MS/PHD)

Supervising Faculty: \_\_\_\_\_ Account Number: \_\_\_\_\_

Period of Assistantship: \_\_\_\_\_ EFT: \_\_\_\_\_  
(Must indicate specific beginning and ending dates.) (\*Min. EFT = .33/Max. EFT = .50)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UGA ID Number (81)

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS: \_\_\_\_\_  
Street & Number City State Zip Country

DAYTIME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

- ( ) I decline the Warnell School of Forest Resources Assistantship offered to me.
- ( ) I accept the Warnell School of Forest Resources Assistantship offered to me.

I understand (1) that I must register for 18 credit hours, including research hours, during the fall, spring and summer semesters; (2) that my course load may not exceed 18 credit hours per semester unless approved by the Graduate School; (3) that I must be registered by the first day of classes each semester; (4) that I must perform duties assigned by my supervisor that will require a number of hours per week equivalent to the percentage time of my appointment.

I understand that continuance of this assistantship is contingent upon the satisfactory performance of my assigned duties. I agree to give the Warnell School of Forestry and Natural Resources two weeks notice should I decide to resign.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**To continue on payroll, you must return this form to:** Kate deDufour, Graduate Program Administrator, Warnell School of Forestry and Natural Resources, University of Georgia, Athens, GA 30602-2152. If you have questions regarding this form or your assistantship, please contact Ms. deDufour at (706) 542-1183 or dedufour@uga.edu.