



College of Graduate Studies
GRADUATE ASSISTANTSHIP
Notice of Resignation/Termination

Please submit this form as far in advance of the resignation/termination as possible so that timely actions can be taken by the Graduate Studies, Human Resources and Payroll offices. Be sure to obtain the appropriate signatures prior to submission to the College of Graduate Studies. The form may be submitted by email to gradstudies@apsu.edu, through campus mail to P.O. Box 4458, or in person in the College of Graduate Studies office in McReynolds 119.

Table with 2 columns and 6 rows for Graduate Student Information. Fields include Name, Banner ID, APSU Email Address, Classification (GRA, GTA, GAA), Current Assigned Department, Name of GA Supervisor, and Last Date of Employment as a GA.

Reason for resignation/termination. Please note any special circumstances.

GA Signature _____ Date _____
GA Supervisor Signature _____ Date _____
Graduate Coordinator Signature _____ Date _____
Dean, College of Graduate Studies Signature _____ Date _____