

**BGS PERMISSION FOR ADDITIONAL TRAINING AND COMPENSATION**

TO: \_\_\_\_\_ Date: \_\_\_\_\_  
(student's advisor) (MM/DD/YYYY)

FROM: \_\_\_\_\_, \_\_\_\_\_  
(student's name) (student's graduate group)

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I am requesting your approval for additional paid activity for \_\_\_\_\_  
(course, job, supervisor and department)

I expect to work approximately \_\_\_\_\_ hours per week for a total of approximately \_\_\_\_\_ hours for the semester. I will receive \$ \_\_\_\_\_ per month for this job for a total of \$ \_\_\_\_\_.

The duration of the job cannot exceed one academic term without prior approval.  
from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

I am confident that this additional job will not negatively impact my academic work. I understand that I must obtain approval for this job by completing this form PRIOR to beginning the job. Thank you for reviewing my request.

Detailed description of job responsibilities:
Justification of how this activity will further your training as a BGS student:
Have you been a TA or received approval for additional training before? If so, provide details on when and what:

\_\_\_\_\_  
Student name printed

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Advisor name printed

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Graduate Group Chair name printed

\_\_\_\_\_  
Graduate Group Chair signature

Kelly Jordan-Sciutto, PhD  
BGS Director

\_\_\_\_\_  
BGS Director signature (required for service greater than 100 hrs.)

Please note: After you have received the permission of your advisor and graduate group chair, please signed the signed form to Colleen Dunn in the BGS office (160 BRB), who will notify you of the decision. Please be advised that if this form does not include all of the pertinent information and signatures, it will be returned to you. Emailed or verbal approvals cannot be submitted in lieu of original signatures on this form. Approval must be granted PRIOR to beginning your job.