

## Marquette University Graduate School Declaration of Outside Employment Form

To be completed by Graduate Assistants, Teaching Assistants, and Research Assistants who wish to work more than 10 hours off campus in addition to their assistantships (domestic students only). On receipt of this form, the Graduate School will facilitate a discussion between the student, and a department representative to ensure the additional employment will not hinder the student's academic progress or completion of assigned duties.

Name: \_\_\_\_\_

MUID: \_\_\_\_\_ Degree: \_\_\_\_\_

Program: \_\_\_\_\_

My assistantship is a (check one): \_\_\_\_\_ TA \_\_\_\_\_ RA \_\_\_\_\_ GA

The number of hours per week I work on this assistantship: \_\_\_\_\_ 20 \_\_\_\_\_ 10 \_\_\_\_\_ Other

My direct supervisor is: \_\_\_\_\_

Outside organization where I plan to work:

\_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for requesting to work more than 10 hours per week off campus: \_\_\_\_\_

\_\_\_\_\_

Number of hours per week I wish to work: \_\_\_\_\_ Length of time involved: \_\_\_\_\_

Who, in my department, would I like to discuss this outside employment with, in addition to a Graduate School Representative (select one):

\_\_\_\_\_ Direct Supervisor \_\_\_\_\_ Director of Graduate Studies (DGS)

\_\_\_\_\_ Department Chair \_\_\_\_\_ Advisor \_\_\_\_\_

Name of Advisor

Signature (student): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Meeting Date: \_\_\_\_\_

Summary of Discussion with Student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Grad School): \_\_\_\_\_ Date: \_\_\_\_\_