



FLORIDA STATE UNIVERSITY

Graduate Assistant Verification Form

Revised 9/2/2009

Part I. To be completed by the student

Last Name First Name Middle Name FSUSN (if known)

Email Address

Part II. To be completed by the College/Department Representative

This is to certify that _____
(student name)

has received a Graduate Assistantship greater than or equal to .25 FTE.

The appointment period of the Assistantship is _____ to _____
date date

Additional comments:

Certified: _____ Date: _____
Authorized College/Department Signature College/Department