# POST-GRADUATION INFORMATION

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| --- | --- |
| Name |  |
| Degree Program |  |
| MS or PhD |  |
| Thesis or Non-Thesis |  |
| Advisor’s Name |  |
| Term of Degree*i.e. Fall 2017* |  |
| Title of Final Project |  |
| \*Post-graduation employer, location, position, responsibilities |  |
| \*Other plans after graduation |  |
| \*Long-term email address |  |
| Attach CV with publication record |  |

**Certification of Assistantship Duties (if applicable)**

***\*\*\*This section does not typically apply to MSAG, self-funded, or government-sponsored students.***

**Student:**  The graduate assistantship position that you have held during this past year and the related tuition waivers were contingent upon factors as outlined in your offer letter. By signing below you certify you have met the following contingent factors during the time in which you held an assistantship.

**Indicate specific term(s) for the preceding 12 months:**

Spring term/year\_\_\_\_\_\_\_\_\_ Summer term/year\_\_\_\_\_\_\_\_\_ Fall term/year\_\_\_\_\_\_\_\_\_

* I remained enrolled full time (at least 10 credits as defined in Graduate School policy manual, chapter 9) during the period of the appointment.
* I maintained a 3.0 cumulative GPA during the period of the appointment (or approved exception to policy)
* I met the service requirement of an average of 20 hours per week for 0.5 FTE as scheduled by my department/supervisor (or based on hours required for partial FTE appointment).

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Student SignatureDate         Faculty Advisor/Supervisor Signature Date