

## **GA Work Load Beyond 20 Hours Per Week**

### **During Instructional Period**

GAs are advised to consider carefully the potential effects of additional work load on their ability to maintain satisfactory academic performance.

ABT or ABD GAs who are domestic students may work up to 40 hours per week, if the additional work is related to their thesis or dissertation research.

All other GAs who wish to work more than 20 hours per week need to file a petition with the Graduate Fellowships and Scholarships Office. GAs who are international students also need to obtain approval from the International Student Services.

### **During Non-Instructional Periods**

GAs may work up to 40 hours per week during non-instructional periods (between semesters and during the summer).

# UNIVERSITY OF HAWAII AT MĀNOA

Graduate Division  
Fellowships and Scholarships

## Graduate Assistant Petition to Work More Than 20 Hours

### Part I. To be completed by the graduate assistant

Name \_\_\_\_\_ UH ID No. \_\_\_\_\_  
LAST, FIRST, M.I.

Graduate Program \_\_\_\_\_ Degree Objective \_\_\_\_\_

Department of Hire (overload) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_, I will be working \_\_\_\_\_ hours per week for the overload.  
MM/DD/YY MM/DD/YY

Description of work assignment beyond the regular 20 hours:

I certify that I have read and understand the policies and instructions for this form.

Signature of Graduate Assistant \_\_\_\_\_ Date \_\_\_\_\_

**For International Students Only:** Attach Curricular Practical Training Application and obtain approval signature from the International Student Services. <http://www.hawaii.edu/issmanoa/Forms/CPT.pdf>

I certify that the student named above has approval from the International Student Services to work more than 20 hours per week during the period indicated above.

Signature of International Student Services Adviser \_\_\_\_\_ Date \_\_\_\_\_

### Part II. To be completed by the graduate assistant's supervisor and graduate chair

We certify that this petition is in compliance with the policies and instructions for this form. We agree to adjust the student's GA work load as necessary at certain times during the semester, so that the student may maintain satisfactory academic performance.

Name (Type or Print)	Telephone	Signature	Date
GA Regular Supervisor			
GA Overload Supervisor			
Graduate Chair			

#### GRADUATE DIVISION ACTION

Approved  Not Approved By \_\_\_\_\_ Date \_\_\_\_\_

Remarks