



# Northeastern University

## Supplemental SGA Approval Form

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

Student ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

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

Current SGA Status (TA or RA): \_\_\_\_\_

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**To be completed by dept admin & grad office for upload:**

Is the student international? Yes \_\_\_\_ (then the student is ineligible for additional hours)  
No \_\_\_\_ (then the student is eligible for up to 6 hours)

Nature of supplemental responsibilities: Teaching \_\_\_\_\_ Research \_\_\_\_\_  
Start date/Semester of position: \_\_\_\_\_ End date/Semester of position: \_\_\_\_\_  
Number of hours per week \_\_\_\_\_ 6-digit Index to be charged: \_\_\_\_\_

Please explain the purpose of the supplemental SGA and why this particular PhD student is needed:

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Graduate School Director/Administrator \_\_\_\_\_ Date \_\_\_\_\_

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Graduate Associate Dean \_\_\_\_\_ Date \_\_\_\_\_