

**THE UNIVERSITY OF GEORGIA
(TITLE) ASSISTANTSHIP
REPLY FORM**

NAME _____
Last Name First Name Middle Name

ADDRESS _____
Street & Number City State Zip

DAYTIME PHONE _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ SEX _____ RACE _____ Visa
Status _____ CITIZENSHIP _____

MARITAL STATUS _____ NAME OF SPOUSE _____

HIGHEST DEGREE RECEIVED
BY AUGUST 2019: _____ INSTITUTION _____ YR REC'D _____

DEGREE STATUS FALL 2019: _____
Degree Objective Department Major Mo./Yr. Admitted

IN CASE OF AN EMERGENCY, NOTIFY: _____

() I decline the Graduate School Assistantship offered to me.

() I accept the (TITLE) Assistantship offered to me. I understand (1) that I must register for a minimum of 12 Graduate credit hours each semester of the regular academic year; (2) that I must be registered before the drop/add period each semester

I fully understand the contents of the information sheet included with my award letter.

Signature Date

THIS FORM MUST BE RECEIVED BY THE GRADUATE SCHOOL BEFORE *April 15, 2019*
IT SHOULD BE RETURNED TO: *(Address and Email)*