



**UNIVERSITY OF
SOUTHERN MAINE**

PORTLAND • GORHAM • LEWISTON • ONLINE

**SUPERVISOR ACKNOWLEDGMENT
USM GRADUATE ASSISTANT**

2023-2024

I hereby accept the supervisory duties of Graduate Assistant:

(Student Name)

This student will be working under my supervision for _____ hours per week when school is in session

from _____ to _____.

BEGIN DATE

END DATE

I have read the attached appointment letter and will meet with the student to create a mutually-agreed upon work schedule. I agree to monitor the student’s work hours and ensure that the number of hours specified in the appointment letter is worked. I understand that if the student ceases to fulfill his/her responsibilities as a graduate assistant, I must notify the Office of Graduate Studies immediately. I am aware that any work done by the student beyond the awarded hours per week must be paid for with department or program funds.

Date: _____

Name (Please Print): _____

Signature: _____

Comments: _____

*Please return this form to:
Sydney Pontau, Office of Graduate Studies
PO Box 9300, Portland, ME 04104-9300
Or deliver to 117 Wishcamper, Portland Campus
Or email to sydney.pontau@maine.edu*