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**SUPERVISOR ACKNOWLEDGMENT**  
**USM GRADUATE ASSISTANT**  
**2024-2025**

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 111 Abromson Center, Portland Campus*  
*Or email to [sydney.pontau@maine.edu](mailto:sydney.pontau@maine.edu)*