

**HUMANITIES GSI APPOINTMENT REQUEST  
AND A/I and T/F DOCUMENT INVENTORY**

Student name \_\_\_\_\_

Proposed Title \_\_\_\_\_ for Qtr/Yr \_\_\_\_\_

Appointing department/program/ college \_\_\_\_\_

Course number: \_\_\_\_\_ Course Name: \_\_\_\_\_

**I have reviewed the file and any attached teaching evaluations and the student's teaching is very good or better. I recommend appointment to the course/s listed above.**

\_\_\_\_\_  
**Chair/Provost signature authorizing GSI appointment** **Date**

Proposed Salary Rate (annual) \$ \_\_\_\_\_ /(actual) \$ \_\_\_\_\_

Date of ATC \_\_\_\_\_ Is student in good standing & making normative progress? \_\_\_\_\_

Quarters of Service at UC in GSI title (TA, AI or TF) \_\_\_\_\_ as of \_\_\_\_\_

If the quarter of this recommended appointment will be past the 14<sup>th</sup> quarter, please include information about the plan of completion \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_ If No, list visa type, \_\_\_\_\_ Exp date of visa: \_\_\_\_\_

Visa Sponsoring agency \_\_\_\_\_ (if other than UCSC)

Account Number(s)/Name(s): \_\_\_\_\_ Special Funding Conditions, if any:

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**SUBMIT ONE SET OF THE FOLLOWING DOCUMENTS TO THE HUMANITIES AHR OFFICE:**

\_\_\_ **CEP GSI Appointment Request Form / Humanities Faculty Mentor Agreement Form**  
(formerly the Supplementary Sheet) is required for all upper division courses, for lower division courses if the graduate student has not advanced to candidacy or does not have the two years or equivalent experience as a teaching assistant. If CEP approval is not needed, please complete the Humanities Faculty Mentor form.

\_\_\_ Updated Curriculum Vitae

\_\_\_ Teaching Evaluations (most recent 3 quarters, not previously reviewed)

Campus address for appointment letter: \_\_\_\_\_

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**For HR Office Use Only**

Date file received from Unit \_\_\_\_\_ Graduate Division approval \_\_\_\_\_ Revised 8/13

## Humanities Faculty Mentor Agreement Form

For use when the file does **not** require CEP approval.

Student name \_\_\_\_\_

Course number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Proposed Title \_\_\_\_\_ for Qtr/Yr \_\_\_\_\_

### Faculty Mentor Signature agreeing to oversight and mentoring

- a) oversee course description, reading list, and final grades and evaluations;
- b) review last three sets of student evaluations for the appointee and meet prior to the beginning of the course to discuss any issues;
- c) meet with GSI prior to instruction to discuss course content, pedagogy, logistics, tests and assignments, grading and evaluation, faculty code of conduct;
- d) conduct one class visit, and follow-up meeting with GSI, during first two weeks of quarter;
- e) be available to discuss matters related to the course throughout the quarter;
- f) supervise any TAs associated with course, including providing final TA evaluation (graduate students cannot supervise or evaluate other graduate students).

Name and signature of the faculty member who has agreed to oversee instruction.

**Faculty mentor must receive a copy of this page:**

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)