



**Graduate Assistant**  
**Stipend Approval**

**Semester/Year:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_

**Assistantship Department:** \_\_\_\_\_

**Total Number Hours Completed:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**\*Please return this completed form to:**  
**Gina Nedelka**  
**Office of Graduate Academic Affairs**  
**[gnedelka@molloy.edu](mailto:gnedelka@molloy.edu)**