

**STATEMENT OF ACADEMIC ELIGIBILITY FORM (SAEF) for Hourly Appointment**

**INSTRUCTIONS**

The Statement of Academic Eligibility Form (SAEF) establishes the student's ability to work according to the College of Medicine's criteria. This is only one (1) of the support documents required when the Department hires the student. **Incomplete SAEFs will not be processed.** **Submit the SAEF to the hiring department 30 days in advance of your start date.** Additional forms are available in the Office of Student Affairs (MC 785), Room 112 CMW.

**ACTION BY STUDENT:**

1. Complete Part I and include the following information:
  - A. Request approval for hourly employment position for a particular semester;
  - B. The specific project or teaching role the student will be working in;

Submit this form to Office of Student Affairs, room 112 CMW.

2. Part II – Dean Urosev/ Dean Heiman will determine if you are academically eligible for the hourly position. You will be notified when the SAEF is ready for you to pick up at OSA. Please allow up to 5 business days for OSA to process request.
3. Part III - Submit the SAEF to your faculty or project supervisor for approval.
4. Part IV - Submit the SAEF to the hiring department business manager or department head for approval.

**REMINDER:**

- Incomplete SAEFs will be given back to the student for completion.
- Completion of the SAEF does not automatically guarantee hourly employment.
- The SAEF should be submitted for approval to the hiring department at least one month prior to the hire start date.

**STATEMENT OF ACADEMIC ELIGIBILITY FORM (SAEF) for Hourly Appointment**

**PART I – STUDENT**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Print) Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

UIN# \_\_\_\_\_ Email Address: \_\_\_\_\_

Semester (choose 1 only):       Fall                       Spring                       Summer

Position Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Include a description of your position, project, and responsibilities:

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\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**PART II – OFFICE of STUDENT AFFAIRS**

Please allow up to 5 business days for OSA to process.

The student is academically eligible for an hourly appointment:                      Yes                      No

\_\_\_\_\_  
(Print) Dean's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART III – FACULTY or PROJECT SUPERVISOR**

Please verify the information above from the student is accurate and sign below:

\_\_\_\_\_  
(Print) Full Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART IV – HIRING DEPARTMENT**

Department Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print) Full Name of Department Head

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Ext. and M/C

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print) Full Name of Business Manager

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Ext. and M/C