

The Department of Theatre requires advance approval for most extra-curricular and research activities undertaken by current graduate students. Advance approval is particularly important if the activity requires time away from the University, impacts your academic responsibilities, or includes payment for services. Please see Section 8 of the Department of Theatre Graduate Handbook for more information, or contact the Academic Program Coordinator with questions.

Please complete the form below and receive your advisor's signature. The completed form should be submitted to the Academic Program Coordinator for review by the appropriate faculty.

APPLICATION

FIRST NAME

LAST NAME

STUDENT/EMPLOYEE ID

OSU EMAIL ADDRESS

ADVISOR

DO YOU HAVE A GRADUATE ASSOCIATE APPOINTMENT?

YES

NO

ACTIVITY START DATE

ACTIVITY END DATE

DESCRIPTION OF ACTIVITY

Include a short statement to describe your activity and its impact on your work and studies in the department. Please explain why this activity is important to your course of study or personal and financial well-being.

DOES THIS ACTIVITY REQUIRE ANY ABSENCES OR ALTERATIONS TO YOUR COURSEWORK?

YES

NO

If yes, please describe.

THE FOLLOWING APPLIES TO GRADUATE ASSOCIATES ONLY

DOES THIS ACTIVITY CONFLICT WITH ANY OF YOUR OBLIGATIONS AS A GRADUATE ASSOCIATE?

Please answer "YES" if you expect this activity will affect your responsibilities in ANY way, or require any accommodations to your teaching assignments.

YES NO

If yes, did you inform your GA supervisor of your expected dates of absence?

YES NO

Please explain how your GA duties will be covered during your absence.

WILL YOU BE PAID FOR YOUR PARTICIPATION IN THIS PROJECT/ACTIVITY? IF SO, BY WHOM?

YES – I WILL BE PAID BY THE OHIO STATE UNIVERSITY

YES – I WILL BE PAID BY AN ORGANIZATION OR INDIVIDUAL OUTSIDE THE UNIVERISTY

NO – I WILL NOT BE PAID FOR THIS ACTIVITY

Please describe the amount and method of compensation you expect to receive for this activity.

The Graduate School requires advance approval of all additional payments to Graduate Associates.

SIGNATURES

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

FINAL APPROVAL: