

Dona O'Neal

MEMORANDUM

Department: Physics and Astronomy

From: Patrick LeClair
(Department Chair/Other Supervisor)

To: Bhim Bahadur Bam Student CWID: 11908115
(Graduate Student Name)

SUBJECT: Graduate Student Appointment

A. This memorandum confirms your appointment as a (Please Select One)

___x___ Graduate Student Assistantship (Tuition)

_____ Graduate Student Employee (No Tuition)

B. Areas of Responsibility: (Percentage must be 100% total)

1. Percentage: 100 Choose an item Administrative Assistant 602111
2. Percentage: Choose an item
3. Percentage: Choose an item
4. Percentage: Choose an item

C. If the student will serve as the Instructor of Record for course, please provide certification that student meets requirements as outlined in UA's [Teaching Credentials Policy](#)

____has Masters' Degree in teaching discipline x has 18 graduate hours in teaching discipline

D. Is this the student's final semester? _____Yes x No (If Yes, complete below)

1. Level of study to be completed: _____Masters; _____ Doctorate
2. Major field(s) of study: _____
3. Expected term of completion: _____Fall; _____ Spring; _____Summer of _____ (Year)
4. In the final semester, they will be enrolled in _____ credit hours
 - Graduate students must meet the minimum 599/699 enrollment requirements set by the [Graduate School](#). (refer to [Degree Requirements for Master's Students](#) and [Degree Requirements for Doctoral Students](#).)

E. Will the student perform work outside of the state of Alabama for more than 30 consecutive days during this appointment? IF YES, please complete the [Out-of-State Work Request form](#).

YES _____ No _____ x _____ LOCATION _____

GENERAL TERMS OF THE APPOINTMENT

Appointment Semesters:

Fall 2025 (year) Spring (year) Summer (year)

Starting Date: 08/16/2025 Termination Date: 12/31/2025

Monthly Stipend or Hourly Rate: 3030 Total Stipend: 13,365

FTE: .50 No. of hours per week: 20

Tuition Award (Y/N) Y Health Insurance (Y/N) Y

Immediate Supervisor: Patrick LeClair

Specific Duties:

Bhim Bahadur Bam will be assisting in one of the General Physics Labs (PH 101, 102, 105 or 106) or one of the Intro to Astronomy Labs (AY 102) for the Fall 25 semester. The assignment will be at the direction of Dr. Patrick LeClair.

Patrick LeClair
(Supervisor's Name)

Signed by:
Patrick LeClair
(Supervisor's Signature)

Jul-24-2025
(Date)

(Supervisor's Name)

(Supervisor's Signature)

(Date)

Patrick LeClair
(Funding Department Chair's Name)

Signed by:
Patrick LeClair
(Funding Department Chair's Signature)

Jul-24-2025
(Date)

(Home Department Chair's Name)

(Home Department Chair's Signature)

(Date)

(MOA – Page 3 – Student Bhim Bahadur Bam)

CERTIFICATION

1. I understand this appointment is contingent upon a receipt of acceptable results on a background report.
2. I agree to self-disclose to Human Resources any post-employment criminal convictions, other than minor traffic violations, that occur after that date. I agree to notify Human Resources using the Disclosure of Criminal Convictions form found on the Human Resources website at: <https://hr.ua.edu/wp-content/uploads/HR-Forms-Page/Disclosure-of-Criminal-Convictions-Form.pdf>
3. If at any time after my background check has been approved by UA and I am cleared for hire, UA learns of new arrests or convictions or any other behavior that is of concern of UA, I understand that UA can require me to re-submit to a background check as a condition of continuing employment or re-employment.
4. To hold an Instructor of Record position, I certify that I meet one of the following conditions A) a master's degree in the teaching discipline or B) 18 graduate hours in the teaching and supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations.

GENERAL

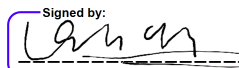
I confirm that I qualify to hold this assistantship in accordance with the criteria set out in the Graduate School Catalog, in particular that I am enrolled full time as a graduate degree student, maintain a cumulative GPA of at least 3.0 (except during the first 12 graduate semester hours of study or hourly paid appointments), and register for the minimum number of class hours commensurate with the FTE of this position^{1,2}. I understand and agree that continuation of this appointment to its scheduled termination date is dependent upon my meeting the performance standards established by this department and compliance with all policies in the Graduate Catalog and general UA employment and student policies. However, the University reserves the right to terminate a GA support package including all parts, immediately and without prior notice if, in the judgement of the Department Chair and concurrence of the Dean, such action is warranted. I understand that the offer of health insurance is contingent upon meeting the eligibility requirements and health insurance benefits are non-transferable, non-cash benefits, and any scholarship dollars not used will lapse. I also understand and agree that, if I resign or am dismissed from my assistantship of the University before the end of the academic semester or term, that I will be personally responsible for the payment of any tuition and fees not covered by my reduced tuition grant. To the extent that my appointment is extended beyond the termination date listed above, I agree that my continued appointment is subject to the same terms and conditions noted above.

¹See Qualifications for Graduate Assistantship and Enrollment Requirements in the Graduate Catalog at:

<https://catalog.ua.edu/graduate/about/academic-policies/registration-assistantships/>

²Reduced tuition grants are determined by Student Account Services; please contact that office for current rates.

Bhim Bahadur Bam
(Student's Name)

Signed by:

(Student's Signature)

Jul-24-2025
(Date)

Scan a copy to Student and retain a copy in the Academic Department. Attach a PDF of the completed MoA to the Electronic Personnel Action Form (EPAF).