

MISSISSIPPI UNIVERSITY FOR WOMEN

OFFICE OF GRADUATE STUDIES

APPLICATION FOR GRADUATE ASSISTANTSHIP

DATE OF APPLICATION STUDENT ID # or SOCIAL SECURITY NUMBER

Name LAST/SURNAME FIRST MIDDLE OTHER NAME IN WHICH THE TRANSCRIPT MY BE LISTED

Permanent Address

Local Address (IF NOT THE SAME AS ABOVE)

Work Phone Home Phone

*Gender *Marital Status US Citizen *Date of Birth Type of Visa

List all prior Colleges or Universities previously attended, listing most recent first:

Table with 5 columns: INSTITUTION, STATE, YEAR, DEGREE, PROGRAM

- 1. Are you a resident of Mississippi?
2. Have you applied for Graduate Studies?
3. Have you had all transcripts from former institutions sent to the Graduate Office?
4. Graduate Degree Sought: MFA, MSN, MSSLP, MSHE, MED, MAT Major

I am applying for an assistantship for: Fall Semester 20__ Spring Semester 20__
1st Summer Term 20__ 2nd Summer Term 20__

List three (3) references and daytime phone number of persons who can assess your qualifications for Graduate Assistantship. (Please do not use relatives as a reference.)

- 1.
2.
3.

The Office of Graduate Studies provides assistantships to a limited number of full-time graduate students. In return, the students assist the University by working part time in one of the colleges on campus. Job responsibilities include assisting faculty and staff in carrying out the academic and administrative obligations of the University. STUDENTS EMPLOYED FULL TIME OFF CAMPUS ARE NOT ELIGIBLE FOR A GRADUATE ASSISTANTSHIP.

DEPARTMENT CHAIR/COORDINATOR APPROVAL AMOUNT OF THE ASSISTANTSHIP