MISSISSIPPI UNIVERSITY FOR WOMEN
OFFICE OF GRADUATE STUDIES

APPLICATION FOR GRADUATE ASSISTANTSHIP

_____ _____
DATE OF APPLICATION SOCIAL SECURITY NUMBER

Name _____
LAST/SURNAME FIRST MIDDLE OTHER NAME IN WHICH TRANSCRIPT MAY BE LISTED

Permanent Address _____

Local Address _____
(IF NOT THE SAME AS PERMANENT ADDRESS)

Work Phone _____ Home Phone _____

*****Gender: ❑M ❑ F *****Marital Status: ❑Single ❑Married US Citizen ❑Yes ❑No *****Date of Birth: ____/____/____
Type of Visa _____

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

INSTITUTION	**STATE**	**YEAR**	**DEGREE**	**PROGRAM**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Are you a resident of Mississippi? ❑YES ❑NO
2. Have you applied for Graduate Studies? ❑YES ❑NO
3. Have you had all transcripts from former institutions sent to the Graduate Office? ❑YES ❑NO
   (The Graduate Office **must** have all undergraduate/graduate transcripts to process application.)
4. Graduate Degree Sought: ❑MSN ❑MS ❑MAT ❑MED ❑MSSLP 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 numbers 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 divisions 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/DIVISION/OFFICE CHAIR APPROVAL AMOUNT OF THE ASSISTANTSHIP