

Application for Graduate Assistantship



Term Applied For:	Fall	Spring
	Summer 1	Summer 2
	Year	

Social Security Number: _____ I am voluntarily providing my social security number with the understanding that it will be used only as a personal identifier for the internal record-keeping and data processing operation of this institution. As a part of my educational record, the number will also be used or released as allowed under the Family Educational Rights and Privacy Act of 1974.

Name:	Last	First	Middle
	Former Name(s)		

Present Address:	Street Address / Post Office Box		City	
	County	State	Country	Zip Code

Telephone:	Home	Work

Email Address:	
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Bona Fide Resident of North Carolina?	Yes	No

Applied for Admission to a Graduate Program?	Yes	No	Name of Degree/Department/Program

EDUCATION

Undergraduate Colleges and Universities:				
Name	City/State	Dates Attended (from / to)	Degree Earned	Major

Graduate Colleges and Universities:				
Name	City/State	Dates Attended from / to)	Degree Earned	Major

WESTERN CAROLINA UNIVERSITY
Application for Graduate Assistantship—Page 2

WORK EXPERIENCE			
Employer	Employment Address	Dates of Employment (from/To)	Position
Licensed to teach? Yes No	If Yes, name area(s)		
PROFESSIONAL ACCOMPLISHMENTS			
List awards, honors, scholarships, publications, or professional articles			
SPECIAL EXPERTISE			
List any abilities, experiences, or competencies that may enhance your application for an assistantship, e.g. computer competence.			
REFERENCES			
List the names of three people who know your qualifications and may be contacted by the Graduate School			
Name		Telephone	
To the best of my knowledge, the information I have given is true. I understand that any misrepresentation of facts on this application may be cause for refusal of admission, cancellation of admission, or suspended from the University.			
Signed		Date	