

GRADUATE ASSISTANTSHIP APPLICATION

(Please apply directly to the department or office offering the assistantship)



Please indicate department/office to which you are applying for an assistantship.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
Last First MSU tech ID (if known)

Address: _____
Street City State Zip

Phone Numbers: (_____) _____ - _____ e-mail: _____

Current Graduate Program at MSU: _____ First Term in Program: _____ # of Credits Completed: _____ GPA: _____

Position that you wish to apply for (if known) _____

Academic Background:

College	Years Attended	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pertinent Work Experience:

Company/Institution	Type of Work	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

References:

1. _____
Name Address City, State, Zip Phone
2. _____
Name Address City, State, Zip Phone
3. _____
Name Address City, State, Zip Phone

Please apply directly to the departments or offices in which you would like to work. Please review the Graduate Assistantship policies in the current Graduate Bulletin. Graduate Assistants must be registered for a minimum of six graduate credits per semester. Separate application forms must be submitted for each assistantship for which application is being made. Please check department requirements for additional materials to be enclosed with the application. A resume, vita, or other information may be attached.

Applicant's Signature: _____ Date: _____