

# GRADUATE ASSISTANTSHIP APPLICATION



Department/office of desired appointment \_\_\_\_\_

A graduate assistant must be enrolled in a graduate degree program, which means he or she has completed all graduate admissions procedures, has been approved unconditionally by the department and the College of Graduate Studies, and, once taking courses, is maintaining a 3.00 cumulative GPA. A graduate assistant must be enrolled for a minimum of six (6) semester hours of graduate work each semester. (See Policy IV:07:12.)

Full legal name \_\_\_\_\_ Student M # \_\_\_\_\_

Home address \_\_\_\_\_ E-mail address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

Address for reply \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

U.S. citizen?  Yes  No If not, what type U.S. Visa do you hold? \_\_\_\_\_

Person to be notified in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone \_\_\_\_\_

All colleges and universities attended and degrees received or expected:

College/University and Address	Major	Dates Attended	Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This is an application for a graduate assistantship for the term beginning \_\_\_\_\_

Graduate Program (e.g., department) \_\_\_\_\_

Check graduate degree sought:

M.A.  M.A.T.  M.Ed.  M.F.A.  M.S.  M.C.J.  M.B.A.  M.B.E.  M.P.S.  M.S.T.  Ed.S.  Ph.D

List members of the Middle Tennessee State University faculty with whom you have consulted \_\_\_\_\_

Academic honors or prizes \_\_\_\_\_

Extracurricular activities and accomplishments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching or professional experience; give dates and nature of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other experience including military; give dates and nature of work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed by the State of Tennessee?  Yes  No  
If yes, give name and address of agency \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**File this form with the department/office which applicant wishes to work.  
It is the applicant's responsibility to provide the department/office with transcripts, test scores, reference letter, etc.**

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**For Department Use Only**

For (term, year) \_\_\_\_\_ Degree \_\_\_\_\_  
 Approved  Denied By \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dean of College \_\_\_\_\_ Date \_\_\_\_\_  
Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_