

Date \_\_\_\_\_

I hereby make application for a Graduate Assistantship in the Department of \_\_\_\_\_.

Name \_\_\_\_\_ Last First MI/Maiden Social Security Number \_\_\_\_\_

Ethnic Origin  Black/African American  White  Hispanic/Latino  Asian/Pacific Islander  American Indian/Alaskan Native

(This information is voluntary and will not be used in making decisions regarding assistantship awards).

E-mail Address \_\_\_\_\_ Gender  M  F

Current Mailing Address \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Undergraduate College \_\_\_\_\_ Name of School \_\_\_\_\_ Date Attended \_\_\_\_\_ Degree earned \_\_\_\_\_

Graduate College (if any) \_\_\_\_\_ Name of School \_\_\_\_\_ Date Attended \_\_\_\_\_ Degree earned \_\_\_\_\_

Previous Work Experience \_\_\_\_\_

Other Relevant Experiences \_\_\_\_\_

**REFERENCES** At least three letters of professional recommendation are required by the Office of Graduate Studies by individuals who know the applicant and can attest to his or her qualifications for a graduate assistantship. If the letters are more than one year old or you apply for a different department, three new letters will be required.

Name \_\_\_\_\_ Organization \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_ Position \_\_\_\_\_

\*According to Privacy Act of 1974, a student may voluntarily waive the right to access of confidential information such as letters of recommendation. Without the waiver the student will, upon request, be permitted to inspect letters of recommendation.

I do  or do not  waive my right of access to these letters.Applying for (Choose only ONE)  Fall Semester Only  Spring Semester Only  
 Summer Semester Only  Academic Year (includes fall and spring semesters)**ASSISTANTSHIP APPLICATION AND RECOMMENDATIONS MUST BE RECEIVED IN GRADUATE STUDIES BY THE FOLLOWING DATES**

Fall Semester and/or Academic Year materials received by June 30.

Spring Semester materials received by October 15.

Summer session materials received by April 1.

**Return to:**  
Office of Graduate Studies  
Western Kentucky University  
1 Big Red Way  
Bowling Green, KY 42101-3576

Signature \_\_\_\_\_ MM/DD/YYYY