

**GRADUATE ASSISTANTSHIP APPLICATION****PLEASE PRINT CLEARLY**

Date _____

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

Students may only apply for a graduate assistantship in the department that offers the degree program the student is pursuing.Name _____ WKU ID Number _____
Last First MI/Maiden**10. What is your Ethnicity: Ethnic Category:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino**Select one or more races to indicate what you consider yourself to be:**☐ Asian ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

(This information will NOT be used in making admission decisions; however, it is necessary for record keeping purposes.)

E-mail Address _____

Gender ☐ M ☐ FCurrent Mailing Address _____
Street

City State Zip Telephone

Undergraduate College _____
Name of School Date Attended Degree earnedGraduate College (if any) _____
Name of School Date Attended Degree earned

Previous Work Experience _____

Other Relevant Experiences _____

REFERENCES.

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)**Students may only apply for a graduate assistantship in the department that offers the degree program the student is pursuing.**

Return to:

Signature _____ MM/DD/YYYY