

GRADUATE ASSITANTSHIP APPLICATION

Date of Application:			
	(mm-dd-year)		
Name:		_ Preferred Nam	ne:
Last Fi	rst Middle		
E-mail Address:		Gender:	M F
Current Mailing Addres	S:		
		Street	
City	State	9	Zip
Mobile Phone:		Other Phone:	
(xxx) xxx-xxxx			(xxx) xxx-xxxx
Undergraduate Degree((s):		
Name of Institution	Degree Earned/Pro	gram of Study	Year
Graduate Degree(s):			
Name of Institution	Degree Earned/Pro	gram of Study	Year

WKU KRS Graduate Program Applying for (please select one)

WKU KRS Graduate Assistantship Area Applying for (please select one):

Instructions: Please complete this form and send electronically with cover letter, resume, and 3 professional references to Dr. Brad Stinnett at brad.stinnett@wku.edu. All WKU KRS GA Application materials must be received prior to March 15th to be considered for the upcoming academic year.

Questions? Please contact Dr. Brad Stinnett (Chair, KRS GA Committee) at 270.745.4329 or brad.stinnett@wku.edu.

Last Updated: February 2016