



Graduate Assistantship Continuation Application

We will only accept typed forms.

Date: _____

Name: _____ WKU ID: _____
Last First M.I.

Current Mailing Address

Address City State Zip

Telephone Number: _____

WKU Email Address: _____@TOPPER.WKU.EDU
Please list WKU Official Toppermail Email Address ONLY

Applying for (Choose only ONE)

- ☐ Fall Semester Only ☐ Spring Semester Only
☐ Academic Year (includes fall and spring semesters)

THE GRADUATE ASSISTANTSHIP APPLICATION MUST BE RECEIVED BY THE AMS
DEPARTMENT BY THE FOLLOWING DATES TO BE ACCEPTED FOR REVIEW:

Fall Semester and/or Academic Year materials received by **APRIL 1.**

Spring Semester materials received by **November 1.**

I hereby make application for a Graduate Assistantship in the Department of Architectural and Manufacturing Sciences. I understand that this is a selective application process and submitting this application does not guarantee a Graduate Assistantship.