

Application for
Graduate
ASSISTANTSHIP



Name _____
 First Middle (if applicable) Last Previous

Mustang ID: _____

Address: _____
 Street Address Apt. # City State/Province Country Zip/Postal Code

Home Telephone _____ Cell Telephone _____ E-mail _____

Seeking a Graduate Assistantship position for: Fall Semester Spring Semester Summer Sessions
 Academic Year _____ Academic Year _____ Academic Year _____

Seeking a Graduate Assistantship position in _____ Office/Department.

Undergraduate University/College (previously attended) _____ Major: _____
 _____ Major: _____
 _____ Major: _____

Graduate University (previously attended) _____ Major: _____
 _____ Major: _____

Proposed Graduate Program _____ Degree: _____

Pertinent Work Experience (list most recent first):

Organization	Position Held- Nature of Work	Dates of Employment

Have you applied to SMSU's School of Graduate Studies? Yes No

Have you been admitted? Yes No

For which term have you been admitted? Fall Spring Summer Year _____

I acknowledge that materials contained in my application and graduate file may be reviewed for consideration of an assistantship.

 Signature of the Applicant Date

Mail to:
 SMSU Graduate Office
 1501 State St.
 Marshall, MN 56258
 OR
Fax to: (507) 537-6420

*Must be an admitted student to the SMSU graduate program.