



College of Human Sciences & Education
School of Education

APPLICATION FOR GRADUATE ASSISTANTSHIP

Student Curriculum Code/Program: ___ Early Childhood Certificate ___ Masters ___ Ed. Specialist ___ Ph.D.

Full Name: _____

Social Security #: _____ - _____ - _____ and/or LSU ID: _____ - _____ - _____

Current Mailing Address: _____

Place and Date of Birth: _____ / ____ / ____ Citizenship: _____ Gender: M / F

Ethnic Origin: Please check one: ___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Hispanic/Latino

___ Native Hawaiian/Other Pacific Islander ___ Nonresident alien ___ Two or more races ___ Unknown ___ White

Permanent Address: _____

Telephone: (Home/Work) _____ (Cell) _____ (E-Mail) _____

For which semester is assistantship sought? ___ fall _____ and/or ___ spring _____ ___ summer _____

Degrees held (University and date of each) _____

Program Interest (i.e., English, Science, Curriculum Theory, Special Ed, Higher Ed, Research, Social Studies.etc.) _____

Graduate Record Examination Scores: Verbal _____ + Quantitative _____

Grade Point Average (4.0 scale): Undergraduate _____ Graduate _____

Number of years teaching in PK-12 Schools: _____ Years _____ Months

Subject(s)/Grades: _____

Certifications Held: _____

Number of Years Teaching at College/University level: _____ Years _____ Months

Courses Taught:

All Students:

Have you received an Assistantship offers before? _____ If yes, for which years? Referred by: _____

Attach a CV, transcript, description of your assistantship duties and the name of sponsoring professor.

Signature: _____ Date: _____

Please return application and a current curriculum vita to:

Table with 4 columns: Contact Information, FOR OFFICE USE ONLY, Status, DATE. Rows include Status-Graduate School, Approved by Chair, and Amount of Award.