## **GRADUATE ASSISTANTSHIP APPLICATION**

(Please apply directly to the department or office offering the assistantship)



			Please indicate department/office	to which you are applying for an assistant
PLEASE TYPE OR PRINT LEGIBLY  Name:				
Last	First		MSU tech ID (if known)	
Address: Street	(	lity	State	Zip
Phone Numbers: ()				r
Current Graduate Program at MSU:	First Term in Pro	ogram: # of Cre	edits Completed: GPA: _	_
Position that you wish to apply for (if ki	nown)			
Academic Background:				
College	Years Attended	Major	Degree	GPA
College	Years Attended	Major	Degree	GPA
College	Years Attended	Major	Degree	GPA
Pertinent Work Experience:				
Company/Institution		Type of Work		Dates of Employment
Company/Institution		Type of Work		Dates of Employment
Company/Institution		Type of Work		Dates of Employment
References:				
1	Address	City C	Nata 7in	Dhono
Name	Address	City, s	State, Zip	Phone
2Name	Address	City, S	State, Zip	Phone
3. Name	Address	City. S	State, Zip	Phone
Please apply directly to the departments or of Bulletin. Graduate Assistants must be registrates assistantship for which application is being ror other information may be attached.	ered for a minimum of six graduate cred	its per semester. Separate ap	plication forms must be submitted for	or each
Applicant's Signature:		Date:		