

Graduate Assistantship Application Art Department

Name _____ Email _____
Last First Middle

Local Mailing and Contact Information

Street (R.R.) Apt # City State Zip

 Phone
Permanent Address and Contact Information

Street (R.R.) Apt # City State Zip

 Phone

Your Degree Program: _____ Art _____ Art with Art Education Option
 Applying for:

_____ Academic Year _____
 _____ Fall Semester _____
 _____ Spring Semester _____
 _____ Summer Semester _____

Academic History: List all colleges and universities that you have attended.

Institution	Dates Attended	Degree	Major Field	Major GPA	Overall GPA

References: List at least three persons familiar with your capability for graduate study and for an assistantship.

Name	Professional Address	Contact information
		Phone: Email:
		Phone: Email:
		Phone: Email:
		Phone: Email:
		Phone: Email:

Experience: Teaching, research, professional, business, military, etc. Account for your time since completion of your bachelor's degree to present other than time spent in academic training.

I certify that the information provided on this application is correct and complete.

Signature

Date