

## **Application for Graduate Assistantship**

EEAS | 1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-4556 | Fax: 270-745-6410

## **Graduate Assistantship Application**

	_		
I hereby make application for	a Graduate Assistantship in the Department of _		·
Students may onl	y apply for a graduate assistantship in the	department that offers the degree	program the student is pursuing.
Name	WKU ID Number		·
E-mail Address			
current Mailing Address			
	Street		
City	State	Zip Telep	phone
Jndergraduate College	Name of School	Date Attended	Degree earned
Graduate College (if any) _	Name of School	Date Attended	Degree earned
Relevant Experience			
	e letters of professional recommendation are req graduate assistantship. If the letters are more tha		
lame	Organization		Position
Name	Organization		Position
Name	Organization		Position
	1974, a student may voluntarily waive the right to request, be permitted to inspect letters of recomm		as letters of recommendation. Without the
	l do ☐ or do not ☐ waive ı	my right of access to these letters.	
Applying for (Choose only <u>ON</u>	<u>IE</u> ) ☐Fall Semester Only	Spring Semester Only	
	Summer Semester Only	Academic Year (includes semesters)	fall, spring & summer
Students may only	y apply for a graduate assistantship in the o	department that offers the degree p	orogram the student is pursuing.
ASSISTANTSHIP APPLICAT	TION AND RECOMMENDATIONS MUST BE RE	CEIVED IN GRADUATE STUDIES BY	THE FOLLOWING DATES:
Spring Semester m	or Academic Year materials received by <b>June 30</b> aterials received by <b>October 15</b> . aterials received by <b>April 1</b> .		
Return to:			
	31066		
Pease keep this form paperless ar	nd email to jason.polk@wku.edu	Signature	MM/DD/YYYY