GRADUATE ASSISTANT APPLICATION

PLEASE READ ABOUT THE APPLICATION PROCESS BEFORE COMPLETING THIS FORM:
https://www.wcsu.edu/graduate/graduate-assistantships/

Name: _____

     First   Middle   Last

Address: _____

     Street   Apt.

_____

     City   State   Zip Code

Cell Phone Number: _____ E-mail Address: _____

Undergraduate Institution: _____

Undergraduate Degree: _____

Date of Graduation: _____

Have you applied to a graduate degree program at Western?   Yes   No

If yes, what degree program? _____

Have you been accepted to the program? Yes   No

Are you currently registered for courses?   Yes   No   Current GPA* _____

                                                   *(returning GA)

What department are you applying for the Graduate Assistantship? _____

For what semester are you applying? _____

                                 Semester (Fall/Spring)   Year

NOTE: a) *Graduate Assistants are not eligible to work as student workers while being employed as a graduate assistant*
      b) *First time GA applicants must submit a resume with application*

_____   _____

Student Signature   Date