

CENTRAL MICHIGAN UNIVERSITY
COLLEGE OF GRADUATE STUDIES (CGS) GRADUATE ASSISTANTSHIP APPLICATION

In order to be eligible for a CGS graduate assistantship, you must support the advancement of diversity in higher education. To apply for a CGS graduate assistantship, fill out the following form and submit to the Dean, College of Graduate Studies, Foust 250, CMU, Mt. Pleasant, MI 48859. The graduate program will also be asked to submit information to the College of Graduate Studies.

Date: _____ Student ID Number: _____

Name: _____

Address: _____ Sex: _____

Phone: _____ E-mail Address: _____

UNDERGRADUATE INFORMATION

College or University attended: _____

Date Degree Awarded (or Expected): _____

Undergraduate Major: _____ Undergraduate Minor: _____

Overall Undergraduate Grade Point Average _____ Major Grade Point Average: _____

Honors, Scholarships, etc. received: _____

GRADUATE INFORMATION

Number of Graduate Hours, if any: _____

Graduate Grade-Point Average: _____

Toward what degree do you intend to work? _____

1). Write a brief statement describing your purpose and general plans for graduate study. Include any information you feel is relevant in consideration of your application for this graduate assistantship.

2). List and briefly describe any prior work experiences.

3). Have you had teaching experiences (e.g. student teaching, teaching assistantship, etc.) If yes, briefly describe length, level, subjects.

4). Have you had research experiences (conducting independent research, assisting a professor or graduate student with research). If yes, briefly describe the experiences.

5). Describe any other previous experiences which you feel will assist you in carrying out the responsibilities of a graduate assistant.

6). List the name and addresses of three individuals who will be submitting letters of recommendation on your behalf. The letters should address your preparedness and ability to perform as a graduate assistant. If you have submitted letters as part of your graduate program application and would like us to use those letters, please let us know.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

COLLEGE OF GRADUATE STUDIES GRADUATE ASSISTANTSHIP PROGRAM JUSTIFICATION

If your program has a student applying for a CGS Graduate Assistantship through the College of Graduate Studies, please complete this form and send to Dean, College of Graduate Studies, Foust 250. Submission of this form implies your support for the student to receive the assistantship.

Graduate Program Coordinator: _____

Graduate Program: _____

Student Name: _____

Please keep in mind that if the student is awarded the assistantship, the student must be a teaching assistant in the department and must continue to be supported by the department if in good standing when the College of Graduate Studies funds have expired. The assistantship will be awarded through the College of Graduate Studies for 2 years for Master's students and for 3 years for Doctoral students.

Program Director: _____