

Department of History Traditional M.A. Program Graduate Assistantship Application

Students applying for a graduate assistantship must also complete the application for admission to the College of Graduate Studies at $\underline{\text{https://fireup.cmich.edu/apply/}}$.

Name:	Student ID #						
(Last)	(First)	(Initial)		(If Available)			
Present Address:							
	(N	Number/Street)		(Telephone)			
	(City/State/Zip Code)						
Permanent Address:							
		Number/Street)		(Telephone)			
	(City	y/State/Zip Code)					
E-Mail Address:				Date			
	Pı	revious Study					
Institu	ution	Dates Attended	Hours in History				
UG GPA	UG History GPA		mplete transcripts]			
MA GPA	MA History GPA	[A = 4, B = 3, et]	c.)				
Minors/Cognates							
Teaching or Other Work Experience							
Institution		Inclusive Dates	Name of Ir	f Immediate Supervisor			

Coursework in History								
Course Title	Institution	Credit Hours	Grade					
			Course Title Leatitution Credit					

(Attach additional sheets if necessary.)

References (at least two in history)						
Name	Address	Institution				

Send one of the enclosed recommendation forms, with a completed cover sheet, to each of your references.

Application Deadline: March 3 or November 3



Department of History Traditional M.A. in History

Recommendation for Graduate Assistantship

Applicant's Name:		
I have asked	to submit a recomm	mendation.
To the Applicant:		
which concern him or her individ	dually, including letters of recommendation, in whi	to view official records of the university mendation. An applicant may, however, ich case the evaluation covered by the ecess to them.
This waiver is not required as a any manner related to receipt of		graduate program in history nor is it in entral Michigan University.
	artment of History affirms that t	ers is used for the purpose for which it the statement covered by this document
Please check one of the two opti	ons listed below. Sign and date	the option which you choose.
☐ I understand the above condidentified above.	lition and I waive any and all ri	ght of access to the letter or statement
(signat	ure)	(date)
☐ I wish to retain my right of a	ccess to the letter or statement	identified above.
(signat	ure)	(date)

This section is to be completed by the recommender:

- 1. How long and in what capacity have you known the applicant?
- 2. Please rate the applicant in comparison to others whom you have known at similar stages in their career.

	Exceptional Upper 5%	Excellent Next 10%	Very Good Next 15%	Good Next 20%	Remaining 50%	No Basis for Rating
Scholarly potential in indicated field of study						
Creativity and originality						
Motivation and perseverance toward goals						
Ability to work with others						
Ability to work independently						
Ability to express thoughts in writing						
Ability to present thoughts in speech						

	writing					
	Ability to present thoughts in speech					
3.	Please circle the strength of y	our overall endorsemer	ıt.			
	Highly Recommended	Recommended		Recomme	nded with R	eservations.
4.	4. In your letter of recommendation, please comment specifically on the applicant's strenglimitations for graduate study and college teaching. Descriptions of significant activaccomplishments are particularly helpful in assessing the applicant's potential.					
	Signature		Date			

Print / Type Name

Position / Title

Address

Note to Recommenders: While application and supporting materials from potential graduate students are due by March 3 or November 3, the due date for recommendation forms and letters is March 15 or November 15.

Mail all materials to: Department of History

Email

Central Michigan University 106 Powers Hall

100 Powers Hall

Mount Pleasant, MI 48859

OR email materials as attachments to: history@cmich.edu