

Assistantship Application Packet

In order to receive a graduate assistantship you must plan to attend as a full time student. The following pages contain a general assistantship application that we (Dept. of Music) will retain for Graduate School records and a separate application for Music Dept. records. Please fill out both applications. We regret the need for redundant information, but we must receive both application forms from you. There is also a form that you must print and distribute to three qualified individuals from whom you receive references. Their references should be sent directly from the recommending person to the address below. The applications should also go to the same address.

All forms should be mailed to:

CONFIDENTIAL.
Darryl A. Coan
Director of Graduate Studies in Music
SIUE Dept. of Music, Box 1771 DH
Edwardsville, IL 62026

Application for Graduate Assistantship in Music Southern Illinois University Edwardsville

All applications are strictly confidential.

Please fill out the form completely and mail to:

Director of Graduate Studies in Music
Box 1771 Dunham Hall
Edwardsville, IL 62026
USA
Attention: Assistantship Application

PLEASE PRINT OR TYPE Please apply at the earliest possible date after January 1.
Assistantships are usually awarded by May 5 for Fall semester.

Name _____ Social Security _____ <i>Last First MI</i>
Visa type (International Only) _____
Street Address: _____
City _____ State or Province _____ Postal code _____
Country _____ Specific Degree you are applying for _____

Relate your applicable educational and professional experience in 100 words or less:

In 300 words or less, tell about your professional goals upon earning your Masters Degree
(use back of this sheet):

APPLICATION
For
GRADUATE ASSISTANTSHIP

NAME: _____

ADDRESS: _____

email address: _____

Telephone No: _____

Hiring Unit to which you are applying: _____

Graduate Assistantship Bulletin Number: _____

Applicant Data:

Degree Program: _____

Grade Point Average: _____

GENDER: Male _____
Female _____

ETHNICITY:(Check only one)

___ Caucasian

___ African-American

___ Hispanic

___ Asian/Pacific Islander/Indian Subcontinent

___ American Indian/Native Alaskan

COUNTRY OF CITIZENSHIP (if other than United States): _____

Recommendation for Graduate Assistantship

Please print 2 copies of the following form and distribute to three individuals from whom you would like to receive references and who know are familiar with your work and character. The individuals should mail the references to:

Director of Graduate Studies in Music
Box 1771 Dunham Hall
Edwardsville, IL 62026
USA
Attention: Assistantship Reference

This application will remain strictly confidential.

Name of Assistantship Applicant _____
Name of Reference _____ Position _____
Affiliation _____ Relation to applicant _____
Length of time you have known applicant _____
On a scale of 1 (low) to 5 (high), I would rate the applicant's professional skills as _____
On a scale of 1 (low) to 5 (high), I would rate the applicant's interpersonal skills as _____
On a scale of 1 (untrustworthy) to 5 (trustworthy), I would rate the applicant's character as _____
I would recommend this individual for a (check all that apply): <i>Teaching Assistantship</i> _____ <i>Research Assistantship</i> _____ <i>General Assistantship</i> _____

Please relate the applicants professional and academic abilities, talents, etc. as well as remarking on his/her interpersonal and social skills. Use the back of this sheet or attach another sheet if necessary. Thank you for your time.