



Department of Kinesiology and Health Education

GRADUATE ASSISTANT APPLICATION

Name _____ Date _____

Address _____

Email address _____

Phone (home) _____ (cell) _____

Semester and year to begin assistantship _____

Undergraduate institution _____

Undergraduate GPA _____ Graduate GPA (if any) _____

Gender: Male _____ Female _____

Ethnicity (check only one)

- ___ African-American ___ Asian/Pacific Islander/Indian Subcontinent
___ American Indian/Native Alaskan ___ Caucasian
___ Hispanic ___ Other _____

Country of Citizenship (if other than USA) _____

Which specialization do you plan to pursue? (check one)

- ___ Sport & Exercise Behavior ___ Exercise Physiology
___ Physical Education & Sport Pedagogy

Which type of assistantship would you prefer? (please rank 1, 2, and 3)

- ___ Teaching Assistantship ___ Research Assistantship
___ Teaching and Research Assistantship

PLEASE ATTACH THE FOLLOWING

- Current resume along with names and contact information (phone numbers, email addresses) of three references
- Cover letter describing (a) relevant teaching, training, or leadership experiences, (b) special knowledge/skills which you possess relevant to assistantship, (c) research interests/experience, and (d) your immediate and future academic and occupational goals.

KHE TEACHING ASSISTANT SURVEY

Name _____

Please rate your ability to teach the courses listed below using the following scale:

- 1 = cannot teach
- 2 = weak but could prepare to teach
- 3 = prepared to teach
- 4 = well-prepared to teach

[Please place an asterisk (*) by any activities you are Certified to teach]

Individual/Dual/Team Sports

____ Badminton ____ Basketball ____ Bowling
____ Golf ____ Racquetball ____ Soccer
____ Softball ____ Tennis ____ Volleyball
____ (other) _____

Fitness Activities

____ Jogging ____ Yoga ____ Strength Training
____ Rock Climbing ____ Swimming ____ Aquatic Activities
____ Group Exercise (specify type) _____
____ (other) _____

Return completed application to: Kathleen Feigl
Department of Kinesiology and Health Education
Box 1126
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1126

Or send via email attachment to: kfeigl@siue.edu

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