

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
Department of Kinesiology and Health Education

GRADUATE TEACHING ASSISTANT APPLICATION & SURVEY

Name _____ Date _____

Address: _____

email address: _____

Telephone No:home: _____ cell: _____

Hiring Unit to which you are applying: Kinesiology and Health Education

Semester & Year you wish to start _____

Graduate Assistantship Bulletin Number: NA

Applicant Data:

Degree Program: Master of Science in Education

Grade Point Average: _____

Gender: Male _____

Female _____

Ethnicity:(Check only one)

_____Caucasian

_____African-American

_____Hispanic

_____Asian/Pacific Islander/Indian

Subcontinent

_____American Indian/Native

Alaskan

_____ Other

Country Of Citizenship (if other than United States): _____

Semester/year to begin assistantship _____

Undergraduate institution _____

Which program option do you plan to pursue (check one)

[] Sport/Exercise Behavior

[] Sport Management

[] Exercise Physiology
Education

[] Adapted Physical

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

Teaching Assistantship

Research Assistantship

Teaching and Research Assistantship

Briefly describe relevant occupational/volunteer experiences or any special knowledge/skills which you possess that might be useful in evaluating your application (use back if needed):

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 that you are certified to teach.

Individual/Dual Sports

_____ Archery

_____ Badminton

_____ Bowling

_____ Golf

_____ Gymnastics

_____ Jogging/Walking

_____ Racquetball

_____ Tennis

_____ Track & Field

_____ (Other) _____

Team Sports

_____ Basketball

_____ Soccer

_____ Volleyball

Aquatics (check here [] if W.S.I.
certified)

_____ Swimming

_____ Water Aerobics

Fitness Activities

_____ Strength Training

_____ Yoga

_____ Personalized Shape-Up
(fitness)

_____ Aerobic Dance

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

Or send by attachment to:
wvogler@siue.edu

or fax to Graduate Program Director:
618-650-3791