

***APPLICATION***  
***For***  
***GRADUATE ASSISTANTSHIP***

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

email address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Hiring Unit to which you are applying: Head Start

Graduate Assistantship Bulletin Number: GS 09-811

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):** \_\_\_\_\_

**FOR GRADUATE ASSISTANTSHIP  
HEAD START  
Southern Illinois University Edwardsville**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Date of Application \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(street) (city) (state) (zip)

Phone Number \_\_\_\_\_ Academic Semester requested for Assistantship \_\_\_\_\_  
(term/yr)

Grade Point Average: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Admitted to Graduate School \_\_\_\_\_  
(term/yr)

Dates of any prior SIUE assistantships: \_\_\_\_\_

Number of hours completed: SPPA academic \_\_\_\_\_ / \_\_\_\_\_ Clinic \_\_\_\_\_ / \_\_\_\_\_  
(undergrad) (graduate) (undergrad) (graduate)

Required courses for assistantship:

Articulation Disorders:	Semester completed or to be completed _____	Grade _____
Voice & Fluency Disorders	Semester completed or to be completed _____	Grade _____
Language Disorders:	Semester completed or to be completed _____	Grade _____
Diagnostics:	Semester completed or to be completed _____	Grade _____
Clinical Methods	Semester completes or to be completed _____	Grade _____

**Attach a one-page essay supporting the request for assistantship.**

Normally, this application must be submitted by the end of the second week of the semester preceding the requested semester for assistantship.

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<u>FACULTY</u>	<u>APPROVE</u>	<u>DISAPPROVE</u>	<u>RANKING</u>	<u>INITIAL</u>
C. B.	_____	_____	_____	_____
S. C.	_____	_____	_____	_____
J. H.	_____	_____	_____	_____
J. P.	_____	_____	_____	_____
T. K. P.	_____	_____	_____	_____
L. T.	_____	_____	_____	_____

Southern Illinois University at Edwardsville  
Box 1025  
Edwardsville, IL 62026-1025  
Telephone (618) 650-2333  
FAX (618) 650-2270

Form XVIII-C

APPLICANT DATA REQUEST FORM

TO BE COMPLETED BY HIRING UNIT:

Title/Rank: Graduate Assistant Bulletin (Green Sheet) No. GS07-635

Applicant Name \_\_\_\_\_

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Southern Illinois University at Edwardsville is required by law to collect statistical data on applicants. The data will be used and maintained by the Equal Opportunity Programs Office to evaluate the effectiveness of employment recruitment processes. The data will not serve as a basis for final employment decisions. Your cooperation is voluntary, and failure to complete this form will not jeopardize your employment opportunities.

You are invited to complete this form and return it directly to the Equal Opportunity Programs Office, Southern Illinois University at Edwardsville, Box 1025, Edwardsville, Illinois 62026 in the enclosed envelope.

TO BE COMPLETED BY APPLICANT:

How did you first hear of the position for which you are applying?

- Edwardsville Bulletin       Newspaper (specify) \_\_\_\_\_  
 Professional Journal (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Survey data for statistical purposes only:  Male       Female

Citizenship: \_\_\_\_\_. If not a U.S. citizen, do you have a permanent resident visa?  yes  no

Indicate your ethnic/racial identity (check only one):

- White, not of Hispanic Origin.  
 African American, not of Hispanic Origin.  
 Hispanic – persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.  
 Asian or Pacific Islander – persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.  
 American Indian or Alaskan Native – persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.  
 Other \_\_\_\_\_

I wish to be identified as a member of the following group(s) protected by AA/EEO Law.

- 40-70 years old       Disabled       Vietnam veteran       Disabled veteran

If you have a disability, please specify your condition and special accommodations that may be required.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

As an affirmative action employer, SIUE offers equal employment opportunity without regard to race, color, creed or religion, age, sex, national origin, or disability.