

*Application  
for  
Graduate Assistantship*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**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 the United States)**

\_\_\_\_\_

**Graduate Assistantship  
Department of Special Education and Communication Disorders**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Student ID#: \_\_\_\_\_

Which semester and year would you like to begin an assistantship? \_\_\_\_\_

List any prior SIUE assistantships: During Academic Year(s) \_\_\_\_\_

Have you been admitted to the Special Education or Speech-Language Pathology Program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

To which degree program have you been admitted or are seeking admission?

\_\_\_\_\_

Beginning with \_\_\_\_\_ (term/year) for \_\_\_\_\_ degree

Are you a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many graduate hours have you completed? \_\_\_\_\_

Undergraduate Grade Point Average \_\_\_\_\_

Approximate Graduate Grade Point Average \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_  
(Month) (Year)

Briefly describe your work experiences:

Employer

Duties

Dates

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Indicate any special knowledge or skills that might be useful in a graduate assistantship:**

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**Please attach any additional statements that you feel would assist the appropriate faculty to evaluate your application.**

**On the bottom of this page list the special education or speech-language pathology courses you have taken to date.**

**Send this application to:**

**Chair  
Special Education and Communication Disorders  
Box 1147  
Southern Illinois University Edwardsville  
Edwardsville, IL 62026-1147**

**Or, drop off in Founders Hall, Room 1101**