

*Application
for
Graduate Assistantship*

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

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 the 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 completed 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>
S. C.	_____	_____	_____	_____
J. H.	_____	_____	_____	_____
A. K.	_____	_____	_____	_____
J. P.	_____	_____	_____	_____
T. K. P.	_____	_____	_____	_____
L. T.	_____	_____	_____	_____

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 _____