GRADUATE ASSISTANT APPLICATION?
SPEECH LANGUAGE PATHOLOGY PROGRAM
Southern Illinois University Edwardsville

The deadline for the assistantship is January 15 for the following fall.

Name: ___________________________ Date: ______________

Address: ___________________________ 

Telephone #: ___________________________ Email: ______________

Undergraduate Grade Point Average: ______________

Briefly describe your relevant work experience:

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

Print and send this application to:

Southern Illinois University Edwardsville
Speech-Language Pathology, Program Director
Box 1147
Edwardsville, IL 62026-1147

Or email completed form to: schlebo@siue.edu