College of Arts,Letters, and Sciences

Graduate Assistantship Application Form

Department of Mathematics and Statistics

Directions: Fill this form out completely. All academic references will be checked prior to approval of your assistantship. THIS DOCUMENT IS NOT AN APPLICATION TO THE GRADUATE SCHOOL! Your assistantship WILL NOT BE APPROVED UNTIL the graduate school has PROCESSED and ACCEPTED your application to them. Do NOT press the SUBMIT BUTTON UNTIL YOU HAVE COMPLETED THE ENTIRE FORM! Press the SUBMIT button only once; sometimes there is a time "lag" over the internet before your submission is confirmed.

IDENTIFICATION *

1. Name (Last/First/Middle) _____

2. Please list any other names that may appear on transcripts or other official records.
(Last/First/Middle)_____

3. Present mailing address (Number/Street/City/State/ZIP)_____

4. Permanent mailing address (Number/Street/City/State/ZIP)_____

5. Home phone _____Work phone _____Cell phone _____

6. E-mail address (please print carefully)_____

7. Secondary E-mail address (not required) _____

Telephone_____

8. I am seeking admission for the ☐ Fall Semester ☐ Spring Semester

ACADEMIC BACKGROUND *

9. Honors &Experience :

_____

10. Work Experience:

_____

11.College or University attended:

Name and city	Credit hours earned	Degree awarded/Date received or anticipated	Major

REFERENCES

List three references, preferably professors or professionals under whom you have studied or worked. Students or those employed in social work should give work references from significant paid or volunteer experiences related to social work, if available. These may be, but do not have to be, the same people who complete the reference forms you will submit to the admissions coordinator.

Name	Address and Phone	Capacity in which this person knows you

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of applicant _____

Date _____