

GRADUATE ASSISTANTSHIP APPLICATION

Name _____
Last First Maiden

Mansfield Student ID number _____ Email _____

Local Address _____ Home Phone _____

Home Address _____ Cell Phone _____

Undergraduate Program _____ Undergraduate Institution _____

Degree _____ Date Received _____

Graduate Program Interest _____

Term(s) Assistantship Desired: Fall _____ Spring _____ Summer _____

Would you be interested in an assistantship:
In your graduate program of interest? _____
Outside your graduate program of interest? _____
Either Option _____

Would you be interested in an assistantship in the Residence Life Area as a live-in G.A. to receive your room as well as your tuition? _____ (yes or no)

PLEASE DESCRIBE YOUR PROFESSIONAL GOALS AND INDICATE THE MANNER IN WHICH A MASTER'S DEGREE RELATES TO THOSE GOALS:
(Please attach a separate sheet)

Applicant Signature Date

Return this form to the Graduate Dean's office with **THREE** letters of recommendation; two from individuals familiar with your academic and professional qualifications and one from the department from which you received your Bachelor's Degree. Please have an official undergraduate transcript forwarded to our office. Thank you.

ATTN: Cathy Martin
Dean of Education,
Professional & Graduate Studies
508 North Hall
Mansfield University
Mansfield, PA 16933

CHECKLIST FOR ASSISTANTSHIP (Office Use Only)
___ Application (with professional goals)
___ 2 Recommendations (academic and/or professional)
___ 1 Recommendation – Department of Undergraduate Major
___ Official Undergraduate Transcript