

APPLICATION FOR GRADUATE STUDENT ASSISTANTSHIP

School of Education, University of North Carolina at Greensboro

Date of Application _____ Request for _____ school year

Hours per week you will work:

- 10 hours per week
- 20 hours per week

- Fall Semester Only
- Spring Semester Only
- Academic Year
- Six Week Summer Term (#1)
- Six Week Summer Term (#2)

Category of appointment -- please indicate all categories in which you would accept an appointment:

- Graduate Assistant
- Research Assistant
- Teaching Assistant

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Current Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____

EDUCATIONAL RECORD

Degree	Year Received	Institution	Field of Specialization

Undergraduate GPA: _____ Graduate GPA: _____ GRE Scores: V - _____ Q - _____

PROFESSIONAL RECORD

Position, Rank, or Title	Institution	Dates	Major	Responsibilities

Certificate(s) held: _____ Area: _____

Graduate Degree Program (identify concentration if appropriate): _____

Department: CED CUI ELC ERM LIS SES Other _____

Date admitted: _____ Provisional? Yes or No? _____

Conditions of Provision? _____

- Status in Program: in first half of course work
- in last half of course work
- course work complete

- Doctoral students only:
- at comprehensive exam stage
- admitted to candidacy

Please indicate areas of interest you wish to pursue while working as a graduate student assistant and the type of work setting or employment you will seek after graduation.

Please indicate your level of skill in the following areas:

	STRONG	ADEQUATE	WEAK	NONE
Typing/filing	_____	_____	_____	_____
Library research	_____	_____	_____	_____
Statistical analysis	_____	_____	_____	_____
Computer skills	_____	_____	_____	_____
Supervision of student teachers and/or interns				
Elementary Education	_____	_____	_____	_____
Secondary Education	_____	_____	_____	_____
Guidance and Counseling	_____	_____	_____	_____

Classroom instruction (please indicate areas and/or courses):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate any times when you would not be available for work:

List three personal references or indicate that you wish to utilize previously submitted references:

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return this form to: Cindy Felts
Department of Library and Information Studies
349B Curry Building
PO Box 26170
Greensboro, NC 27402

Or email to: cpfelts@uncg.edu

Or fax to: 336-334-5060

Deadline for submission to fully admitted students is March 30.