

DEPARTMENT OF BIOLOGY
Mailstop 6200
SOUTHEAST MISSOURI STATE UNIVERSITY
Cape Girardeau, MO 63701

APPLICATION FOR A GRADUATE ASSISTANTSHIP

Current Date: _____ Semester to be considered for assistantship: _____

Name: _____ Student ID # _____ S O _____

Mailing Address: _____
 Number and Street

City _____ State _____ Zip _____

Phone: include area code (home) _____ (work) _____

e-mail address _____

Another contact person and phone: _____

NOTE: You must be admitted to Graduate School before you will be considered for an assistantship. Please indicate below whether you've applied, been admitted, if you are a regular student, or special student.

Applied _____ Admitted _____ Regular Student (degree seeking) _____ Special Student (non-degree) _____

EDUCATIONAL BACKGROUND

INSTITUTION	YEARS ATTENDED		DATE OF GRADUATION	
	From	To	Degree	Date
Secondary School:				
College or University:				
Graduate Study:				

ATTACH TRANSCRIPTS OF BOTH UNDERGRADUATE AND GRADUATE WORK.

Major subjects studied:

in undergraduate work _____
in graduate work _____
special educational programs _____

Honors: (honorary societies: scholarships, prizes, etc.) _____

Membership in learned and professional societies _____

Teaching or Professional Experience
(list in chronological order with most recent position first)

Title of Position	Company or Organization Name and Location	Dates	Nature of Duties (if teaching, list subjects taught)

Armed Service Record:
If reserve officer, please give branch of service: _____

References: (list the names and address of at least three persons) *NOTE: We do not contact the references. We ask that you request letters to be sent directly to us.*

NOTE: The following information is asked of you on a voluntary basis. Since some of these special needs may require advance preparation, this information would be helpful.

Do you have a disability which will require special provisions? _____
If so, what accommodations are necessary? _____

On a separate sheet add any information you may wish to offer to support your application.

Signature _____

Please return application to the address at the top on the reverse side.