



Graduate Education and Research The Graduate School

APPLICATION FOR GRADUATE ASSISTANTSHIP

Student Information

Last Name: _____ First Name: _____

*EKU ID# _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Sex: M F

Entry Term (Spring, Summer, or Fall) _____ Entry Year: _____

Baccalaureate Major: _____ Bacc. Degree (e.g. BA, BS, etc.) _____

Baccalaureate Degree Granting Institution: _____

* Please use Social Security Number if EKU ID has not been assigned.

Program Information

Graduate Program: _____

Assistantship Requested for (semester/year): _____

Undergraduate GPA: _____ Graduate GPA: _____

(Entering Students) (Continuing Students)

Qualifications/Special Skills:

Briefly describe any qualifications or special skills that would be useful in assessing your application.

Once you have completed this form, please submit it to the department you wish to work for.