

ÍÃ×ÓÏÈÉú´«Ã½ÎÃ»⁻ ×÷Æ·
Graduate Assistantship Application

PERSONAL INFORMATION

NAME _____
Last (Family) First Middle

SOCIAL SECURITY NUMBER OR STUDENT NUMBER _____

MAILING ADDRESS _____
Number of Street City State Zip Code

E-Mail Address _____ Daytime Phone _____

Is English your Primary language? _____ If not, please provide TOEFL Score _____

GRADUATE OBJECTIVES

1. In what college and department of the University do you prefer to obtain an appointment?

2. Year and Term in which you wish to begin the assistantship _____

3. List degree program pursuing and date of matriculation. IF not admitted yet, indicate status of your application: (i.e. incomplete, missing information/currently being evaluated by department?)

TEACHING/RESEARCH OR OTHER PRACTICAL EXPERIENCE

<i>Institution/Company</i>	<i>Dates Employed</i>	<i>Description of Duties</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL FACTS (include qualifications or skills that may be useful in judging competence as a graduate assistant)

Applicant Signature _____ Date _____

Submit with Graduate School Application form to ÍÃ×ÓÏÈÉú´«Ã½ÎÃ»⁻ ×÷Æ· Graduate School, 2801 West Bancroft Street, Toledo, Ohio 43606-3390 or send directly to the department to which you wish to be considered for an assistantship.