

Semester applying for _____

**Application for Graduate Assistantship
Department of Educational Studies**

Name: _____ ID No.: _____

Address: _____ Phone: _____

Degree:
PhD _____ MA _____ EDS _____ Other _____

Programs: Counseling & Development _____
 Educational Psychology _____
 Educational Foundations _____
 Special Education _____

List other appointments you presently have: _____

On the back of this page please write one paragraph covering:
(A) Why you are applying for an assistantship
(B) The type of assistantship you would like to receive, and
(C) What skills and competencies you have that qualify you for this assistantship

Signature: _____ Date: _____

Please return to:
Bonnie Stan
Purdue University
BRNG Building, Room 5108
West Lafayette, IN 47907
Or email to: bstan@purdue.edu

For Office Use Only:			
FTE	Dates of Appt.	Pos	Account#