GRADUATE ASSISTANTSHIP APPLICATION

Applying for semester (circle one) Fall Spring Year _____

This application is to be filed <u>after</u> an Application to a graduate degree program at James Madison University has been submitted. Action will not be taken on your application until you have been admitted to the Graduate School. Please complete and return to:

Memorial Hall Associate Dean's Office Suite 3185

Students must apply for each semester in which they are interested in a Graduate Assistantship. Positions are open until filled. Review of applications for $\underline{\text{spring}}$ semester assistantships starts $\underline{\text{October 1}}$. Review of applications for $\underline{\text{fall}}$ semester assistantships starts March 1.

Name:			JACard Number:	
Permanent Address:			College of Education Student YES ☐ NO ☐	
City:		State:	Zip Code:	
Mailing Address:			Cell Phone:	
City:		State:	Zip Code:	
State of Legal Residence:		US Citizen YES □ NO □		
Graduate Program of Study:		Email:	nail:	
Type of Undergraduate Degree/Major:				
Undergraduate School:			When:	
Computer Skills:				
List your last three employment assignments of two months or more, including part-time work. List most recent first.				
Position	Place of Employment	Date	s Supervisor	
Duties				
Duties				
Duties				
(Please attach a resume)				
Signature of Applicant:			Date:	