

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY & SPECIAL EDUCATION
APPLICATION FOR DEPARTMENT GRADUATE ASSISTANTSHIP

Date: _____ Name: _____ ID#: _____

Address: _____ Phone: Home - _____

_____ Work - _____

E-Mail: _____

Term for which you are applying for an assistantship: _____ Fall _____ Spring _____
_____ Summer _____

Have you been admitted to academic program? _____ Yes _____ No

If you have not been admitted, when did you apply? _____

Please indicate which program: _____ Educational Psychology _____ M.S.Ed. _____ Ph.D.

Speciality Program: _____ School Counseling _____ Community Counseling
_____ Marital, Couple & Family Counseling

_____ Special Education _____ M.S.Ed. _____ Ph.D.

_____ Educational Measurement & Statistics _____ Ph.D.

If admitted to another department on campus, please give information below:

Department / Program Name: _____

_____ Master's _____ Doctoral

Do you currently hold **or** have you ever held an assistantship in another department on campus? ___Yes ___No

If yes, give: Dept. _____

Percentage of Time: _____

Dates of Assistantship: _____

Master's or Doctorate level
(Please circle one.)

- Application Materials:
1. Letter of Application
 2. Resume
 3. Contact information for three professional references
 4. Brief statement of financial need

Please return this form and the above noted materials to: Tami Alvis, Office Manager
Dept. of Educational Psychology & Special Education
Wham 223 -- Mail Code 4618
Southern Illinois University
625 Wham Drive
Carbondale, IL 62901-4618