

GRADUATE ASSISTANT APPLICATION

Submit application and resume to the department you are applying to.

84 W. South Street Wilkes-Barre, PA 18766 1-800-WILKES-U

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Ι	.ast na	ıme													Firs	t na	me					Μ	liddle name				
C	Other names under which records may appear:																										
S	Social security number Date of birth																										
N	/lailin	g stre	et add	ress									(City						Sta	ate	Z	ip	Ph	none		
F	oreig	n Co	untry (if ap	oplice	able))																				
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(Check one) 🗆 African-American/Black not Hispanic 🗆 Asian-American/Pacific Islander 🗆 Hispanic/Latino																											
\Box Native American/Alaskan Native \Box Caucasian/White not Hispanic \Box Prefer not to answ															not to answe	r											
P	Physical/medical limitations?														_												
A D M I S S I O N S T A T U S (check and complete appropriate information)																											
Applied Accepted Enrolled Expected Graduation Date:																											
Term for which admission is sought: Fall Year: 20 Spring Year: 20 Summer Year: 20																											
Degree sought:																											
GRADUATE ASSISTANTSHIP STATUS (complete one of the following)													z)														
I wish to be <i>considered</i> for an assistantship in the Department for the academic year.																											
□ I wish to be <i>considered for a renewal</i> of my assistantship in theDepartment for theDepartment for the																											
academic year.																											
I wish my assistantship application <i>to be sent to</i> the following departments for consideration: Department and the Department.																											
SUPPLEMENTAL INFORMATION																											
List any pertinent supplemental information (employment, special honors, publications, etc.):																											
Ense any pertitent suppremental mormation (employment, special nonors, publications, etc.).																											
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I co	ertify	that	the at	oove	e inf	òrm	atio	n is	cor	rect.																	

Signature of applicant:

Date: