

MISSISSIPPI STATE UNIVERSITY

Mississippi State, MS 39762

APPLICATION FOR GRADUATE ASSISTANTSHIP

(Return this application to the head of the department in which you wish to work.)

Legal Name: _____ MSU ID #: _____
(Last) (First) (Middle)

Current Address: _____
(Number, Street or PO) (City) (State) (ZIP Code)

Telephone: (Home) _____ (Work) _____ Fax: _____
Permission to call you at work: Yes No

E-Mail: _____ Date of Birth: _____ Sex: Female Male
Month Day Year

Have you been admitted to Graduate School _____ If yes, when _____
You must be admitted as a Classified graduate student to be eligible for this appointment.

Are you a Mississippi Resident: Yes No

List any special accommodation required due to physical disabilities

Major Field: _____

Minor Field: _____

Department: _____

Degree Sought: _____

Expected Graduation Date: _____

Specialty Area: _____

Support Requested:
Graduate Research Assistantship
Graduate Service Assistantship
Graduate Teaching Assistantship
No Preference

Desired appointment beginning date:

Fall _____ Summer I _____

Spring _____ Summer II _____

Please list below degree(s) already received:

Degree(s)	Date Received	Institution	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

