



MISSISSIPPI STATE UNIVERSITY™
THE GRADUATE SCHOOL

APPLICATION FOR GRADUATE ASSISTANTSHIP

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

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

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

E-Mail: _____

US Citizen: Yes No Visa Status (if known): _____

Have you been admitted to Graduate School? : Yes No If "Yes", beginning when? _____

Are you a Mississippi resident: Yes No

List any special accommodation required: _____

MSU Academic Department: _____

Major Field: _____ Concentration: _____

Degree Level: Masters EDS PhD

Expected Graduation Date: _____

Appointment Requested:

- Graduate Research Assistantship Graduate Teaching Assistantship
 Graduate Service Assistantship No Preference

Indicate desired start date:

Fall _____ Spring _____ Summer I _____ Summer II _____

My signature confirms that all information supplied on this form is complete and accurate to the best of my knowledge. I understand that I may be ineligible for an assistantship by giving false information or omitting requested information.

Signature: _____ Date: _____

****Attach a Resume or Curriculum Vitae with current references****