## UNIVERSITY OF WYOMING

## APPLICATION FOR A GRADUATE ASSISTANTSHIP

## MAIL DIRECTLY TO DEPARTMENT OF INTEREST.

Please return this form directly to the academic department. Please print or type.

Date	W#	
Name Family Name	Given Name	Middle Name
Address City, State Zip		
Telephone ()	Email Address	
Are you authorized to work in the Have you ever been convicted of If yes, please explain:	e U.S.? Yes No If no f or pled guilty or nolo contendere/no co	o, what is your visa status? ntest to any felony?

Other than this assistantship, what economic resources (including governmental aid) will be available for your use?

Collegiate institutions attended, dates and degrees

-			
	Minor		
Previous Graduate Studies:	Major		
	Minor		

Membership in learned societies, honors or other evidences of high scholarship awards:

Summarize your experiences, other than academic training, that you believe contributed to your fitness for pursuing graduate work in your chosen field.

List publications, materials now in press, or unpublished articles:							
Title	Date	Where Published or Filed					

What attracted you to the University of Wyoming?

Are you interested in the graduate teaching experience at the University of Wyoming? If so, why?

How important is the Graduate Assistantship salary and benefit package to you?

With respect to title IV funds of the Higher Education Act, I certify that I have not been convicted of, pled nolo contendere or guilty of a crime, or been judicially determined to have committed fraud. I certify that all information given on this application, supporting documents, and interviews are correct to the best of my knowledge. I understand that giving false information may disqualify my application or result in termination. I understand that this application is not intended to be a contract of employment. I agree that the university may require my participation in retirement plans while employed. I further authorize the university to investigate all statements made on my application for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given on this application. I understand that no offer of benefits such as insurance, vacation, or salary rate is final until approved by the Human Resources Department. I will be required to serve a probationary period during which time I may be terminated in accordance with university policy; federal law requires employers to documents the identity and employment authorization of each new employee.

Signature

Date

On a separate sheet of paper, please write a statement of about 100 words concerning your plans for graduate study and professional career. Additional material can be attached, but should be limited to two pages.