

APPLICATION FOR A GRADUATE ASSISTANTSHIP

EMAIL DIRECTLY TO DEPARTMENT GAUSS@UWYO.EDU

Please complete, email to Department.

Date _____ W# _____

Name _____
Family Name Given Name Middle Name

Address _____
City, State Zip _____
Country _____

Telephone (____) _____ Email Address _____

Have you ever been convicted of or pled guilty or nolo contendere/no contest to any felony? Yes No
If yes, please explain:

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

Collegiate Institutions Information

Undergraduate Studies: Institution name _____
GPA _____
Graduation date _____
Major _____
Minor _____

Graduate Studies: Institution name _____
GPA _____
Graduation date _____
Major _____
Minor _____

Assistantship Information

Are you interested in a teaching assistantship? If so, do you have teaching experience? Please explain:

Are you interested in a research assistantship? If so, do you have research experience? Please explain:

List the languages in which you are proficient: _____

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List publications, materials now in press, or unpublished articles: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
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What attracted you to the University of Wyoming?

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 and I further release from liability the University of Wyoming, such former employers, institutions, or persons providing such information. 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 document the identity and employment authorization of each new employee.

Signature

Date