

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 U.S.? Yes No If no, what is your visa status? _____
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 attended, dates and degrees

Undergraduate Studies: Major _____
Minor _____

Previous Graduate Studies: Major _____
Minor _____

List the languages in which you are proficient: _____

GS-GA01

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List publications, materials now in press, or unpublished articles: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?

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 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

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.