



GRADUATE ASSISTANT APPLICATION

Submit application and resume to the department you are applying to.

84 W. South Street
Wilkes-Barre, PA 18766
1-800-WILKES-U

PERSONAL INFORMATION

Last name First name Middle name

Other names under which records may appear:

Social security number Date of birth

Mailing street address City State Zip Phone

Foreign Country (if applicable)

Permanent street address City State Zip Phone

Country of Citizenship: E-mail address @

OPTIONAL INFORMATION

Racial/ethnic background: (Check one) African-American/Black not Hispanic Asian-American/Pacific Islander Hispanic/Latino
 Native American/Alaskan Native Caucasian/White not Hispanic Prefer not to answer

Physical/medical limitations? Yes No

ADMISSION STATUS (check and complete appropriate information)

Applied Accepted Enrolled Expected Graduation Date: _____

Term for which admission is sought: Fall Year: 20____ Spring Year: 20____ Summer Year: 20____

Degree sought: _____

GRADUATE ASSISTANTSHIP STATUS (complete one of the following)

I wish to be *considered* for an assistantship in the _____ Department for the _____ academic year.

I wish to be *considered for a renewal* of my assistantship in the _____ Department for the _____ academic year.

I wish my assistantship application *to be sent to* the following departments for consideration: _____ Department and the _____ Department.

SUPPLEMENTAL INFORMATION

List any pertinent supplemental information (employment, special honors, publications, etc.):

I certify that the above information is correct.

Signature of applicant:

Date: