

# GRADUATE ASSISTANT APPLICATION

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

**WILKES**  
UNIVERSITY

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

## P E R S O N A L I N F O R M A T I O N

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		@	

## O P T I O N A L I N F O R M A T I O N

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

## A D M I S S I O N S T A T U S (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: \_\_\_\_\_

## G R A D U A T E A S S I S T A N T S H I P S T A T U S (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.

## S U P P L E M E N T A L I N F O R M A T I O N

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

---

---

---

---

I certify that the above information is correct.

Signature of applicant:

Date: