



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: