



Midwestern State University
Health Administration
Department 3410 Taft Blvd.
Wichita Falls, TX 76308
(940) 397- 4752

APPLICATION FOR GRADUATE ASSISTANTSHIP

(PLEASE FOLLOW DIRECTIONS: PRINT PLAINLY and FILL OUT ALL REQUESTED INFORMATION COMPLETELY)

A. Personal Information

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____

Email Address: _____ Cell #: _____

Date of Birth: _____ Student ID # **M** _____

IT IS VERY IMPORTANT THAT YOU CAREFULLY AND FULLY:
(TYPE OR PRINT) PLAINLY AND FULL NAMES/ ADDRESSES AND PHONE NUMBERS OF THREE REFERENCES WHO CAN EVALUATE THE QUALITY OF YOUR WORK AND ABILITIES. TWO OF THE REFERENCES MAY BE OUTSIDE THE ACADEMIC PROFESSION WHO CAN MAKE A MORE GENERAL EVALUATION.

REFERENCES

Name and Title	Full Address including Zip Code	Phone Number

B. Educational Background:

Name of College	Full Address including Zip Code	Years of Attendance	Degree/Diploma	Major/Minor

C. Educational Accomplishments:

1. Special Awards:

2. Organizations and Activities:

3. Related Experiences: (List below any positions held which provided you with experience directly related to the graduate assistantship sought.)

NOTE: ATTACH RESUME