STEPHEN F. AUSTIN STATE UNIVERSITY

Nacogdoches, Texas 75962

APPLICATION FORM

For

Graduate Teaching Assistantship Graduate Research Assistantship

The applicant must fill out this form accurately and completely. E-mail it to the graduate program coordinator of the department to which you wish to apply for an assistantship. Letters of recommendation and complete transcripts must be sent to the coordinator before action can be taken on the application. Before an applicant can be awarded an assistantship, he/she must have been admitted to the graduate school. Hence, he/she must also have on file in the Graduate Office the report of scores on the Aptitude Test of the Graduate Record Examination or, if business, the Graduate Management Admission Test. Graduate school application forms are available from the Office of the Graduate School.

I. PERSO	NAL DATA									
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	Number Street	City		State	Zip Code					
Mailing	g Address (if different)	Number Street		City		State	Zip Code	(last dat	te you will be a	at this addres
Email a	ddress									
Date of	Birth	Place of Birt	th			_Count	ry of Present	Citizenship	p	
Related	to Any Employee or C	Official of this U	niversity?		Names	and De _l	partments			
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		NG City		State		endance		Date	Graduation Degree	Major
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Have the Registrar of each college you attended send a transcript of your record to the graduate program coordinator of the department to which you are applying. These transcripts are in addition to those needed by the Graduate School.

E-mail to:

Graduate Program Coordinator Department of Psychology graduatepsychology@sfasu.edu

3. MEMBERSH	IPS AND AWA	KDS			
Membership ir	n professional a	nd honorary organiza	ations:		
Scholarships, (Grants, Awards,	, Honors:			
4. RESEARCH (If you have con	npleted research or h	have publications, list them below. If po	ossible, send reprir	nts.)
5. EMPLOYME	NT: State in chr	conological order em	nployment, including military service si	ince earning a back	nelor's degree.
DATES	EMPLOY	ER	CITY	STATE	NATURE OF POSITION
		((Continue on separate page, if needed)		
			application indicating your interest in a in graduate study, and any other inform		
Graduate Progr	ram Coordinato		ons whom you have asked to write lette Secure recommendations from college your major field.		
1	NAME	TITLE	ADDRESS		TELEPHONE
8 See that comp	lated transcripts	of your college wor	rk are sent to the Graduate Program Co	ordinator of the de	anartment at once
9. SIGNATURE: misrepresentat	: I CERTIFY the	at the information co	ontained in this application is true and on be cause for dismissal and loss of cred mool, I will immediately notify the Grad	correct. I understar it. Should any of tl	nd that he information on this
E-mail to:			<u></u>	IGNATURE OF APPI	LICANT
Graduate	e Program Coordi ent of Psychology				
	psychology@sfas			DATE	