

STEPHEN F. AUSTIN STATE UNIVERSITY

Graduate Assistantship Application

This application is for
Fall 20 ____; Spring 20 ____

The applicant must fill out this form accurately and completely. Mail it to the chair of the department to which you wish to apply for an assistantship. Check with your department to see if letters of recommendation are required. Before an applicant can be awarded an assistantship, he/she must have been admitted to the graduate school. Graduate school application forms are available from the Office of the Graduate School, inside the back cover of the Graduate Bulletin, and on-line at www.sfasu.edu/graduate.

1. PERSONAL DATA

Name _____ Social Security Number _____
First Middle Last

Home Address _____
Number Street City State Zip Code

Telephone Number _____ Email Address _____

Mailing Address _____
 (if different) Number Street City State Zip Code (Last date you will be at this address)

Date of Birth _____ Place of Birth _____ Country of Present Citizenship _____

Related to Any Employee or Official of this University? If so, list names and relationships: _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

2. MEMBERSHIPS, AWARDS, & RESEARCH

Membership in professional and honorary organizations and completed research and publications:

3. EDUCATION/EMPLOYMENT: State in chronological order, including military service since earning a bachelor's degree.

| INSTITUTION / EMPLOYER | DATES | CITY | STATE | DEGREE / POSITION |
|------------------------|-------|------|-------|-------------------|
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4. LETTER OF APPLICATION: Include a letter of application indicating your interest in an assistantship, the subject field(s) in which you feel qualified to assist, your objectives in graduate study, and any other information you feel should be included.

5. REFERENCES: Give the names of three (3) persons who are providing letters of recommendation for you. This may include college professors who are acquainted with you and your work, especially in advanced courses in your major field. Attach letters to application.

| NAME | TITLE | ADDRESS | TELEPHONE |
|------|-------|---------|-----------|
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U. S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED. SIGN HERE. _____
Signature – Applicant Date