Georgia College & State University
Graduate Assistant Application—School of Education

Name:_____
Last First Middle

Social Security (or GCID) Number:_____ Degree Sought:_____
Major:_____

Type of GA Position for which applying.
_____ General (20 hrs/wk) _____ MAT (10 hrs/wk) _____ Early College (20 hrs/wk)

Permanent Address: Local Address: (if different from permanent)

_____ _____

_____ _____
For summer correspondence, check which address to use: ____permanent ____ local

Local Phone Number: (_____) _____ E-mail Address:_____

Currently Enrolled? ____ (Y) ____ (N) Term You Plan To Enter: _____

Colleges or Universities Attended	Dates	Degree(s) Received	Major Field of Study

Work Experience: (Include research, teaching, tutoring, paper grading, industrial, farm and military.) Please **attach resume,** if available.

Dates	Employer	Nature of Work

Special Skills: (Include computer experience)

_____
_____
_____

I hereby certify that the facts set forth in this application for a graduate assistantship are true and complete to the best of my knowledge. I understand that if I receive an assistantship, any falsified statement herein is considered sufficient cause for dismissal. I understand that information concerning past employment, references, education and other facts are subject to inquiry. I have read and understand the rules and regulations of an assistantship and the two-year time limit (six consecutive semesters). I agree to abide by the regulations governing the assistantship program.

_____ _____
Signature of Applicant Date

Mailing Address: School of Education, GCSU, Campus Box 070, Milledgeville, GA 31061