GRADUATE ASSISTANTSHIP APPLICATION FORM
CALUMET COLLEGE OF ST. JOSEPH

Please read the Graduate Assistantship Guidelines carefully. Return Application along with resume and two letters of recommendation to: The Vice President of Academic Affairs

DEADLINE: June 15th for fall term and November 15th for spring term

☐ New Applicant
☐ GA reapplication (Please attach a letter of recommendation from previous faculty/supervisor)
   Requesting assistantship for - Fall 20____ - 20____   Spring 20____ - 20____

Name: _____ I.D.#: _____
       (Last) (First) (MI)
Current Address: _____ Phone: _____
                 (Number & Street)
City: _____ State & Zip: _____ Cell#: _____

Email: _____ What Degree Program are you in: _____

Describe your specific skills for supporting research activities and give reasons why you should be considered for the position you have checked above. (i.e., data collection, coding, library searches, editing, etc.)
_____
_____
_____
_____

Describe your specific skills for supporting teaching activities and give reasons why you should be considered for the positions you have checked above. (i.e., oral & written communication, tutoring/teaching, maintaining records, etc.)
_____
_____
_____
_____

Provide a rationale for financial need and list other financial assistance applied for or awarded for the upcoming academic year.
_____
_____
_____
_____

THIS APPLICATION IS VALID FOR ONLY ONE ACADEMIC YEAR

_____   _____
Applicant's Signature   Date of Application