



Office of Graduate Studies

APPLICATION FOR GRADUATE ASSISTANTSHIP

GMAT _____ GRE: V _____ Q _____ A _____ N/A _____
Degree Program _____ Overall Undergraduate GPA: _____
Admission Status: _____ UGPA _____ GGPA _____
Admission Date: _____

Name: _____
Last First Middle

Any variation of your name used on official records: _____

G# _____

Present address: _____
Street, City, State, Zip

Home address: _____
Street, City, State, Zip

E-Mail address: _____

Degree Program for which you are applying at GSU: _____ Semester: _____ Year: _____

If applying for a Teaching or Research Assistant, list field(s) in which you prefer to teach and/or research: _____

REFERENCES: Give complete name, address, and telephone number of at least 3 persons who are knowledgeable concerning your scholastic ability.

Name	Address	Phone Number
Reference 1: _____	_____	_____
Reference 2: _____	_____	_____
Reference 3: _____	_____	_____

Attach resume' or additional information which you think might be helpful.

Signature Date



GRADUATE ASSISTANTSHIP RECOMMENDATION FORM (1)

(Must be typed)

1. Name of Applicant: _____ / _____ / _____
(Last) (First) (Middle)
2. How long have you known the applicant? _____
(Years/Months)
3. In what connection have you known the applicant? Check all that applies.

Personal Friend	<input type="checkbox"/>	Colleague	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Minister	<input type="checkbox"/>	Classmate	<input type="checkbox"/>
Former Teacher	<input type="checkbox"/>	Principal	<input type="checkbox"/>
Present Teacher	<input type="checkbox"/>	Other	<input type="checkbox"/>

4. Please rate the applicant in comparison with other students you have known of comparable age and academic level. Check the area that best describes the applicant's level of functioning.

	Upper 50%	Upper 30%	Middle 25%	Lower 10%	Lower 5%	Not Able To Judge
Ability to complete requirements for graduate degree						
Intellectual curiosity to inquire seriously and thoroughly about a subject or area of study						
Leadership potential						
Promise as a practitioner and/or administrator						
Perseverance and self-confidence						

Print Name: _____

Signature: _____

Title or Position: _____

Institution: _____

***NOTE:** - Course load of no less than 9 semester hours required for regular semester, 6 semester hours for summer. Non-degree, Provisional, and conditional students are not eligible for a graduate assistantship.



GRADUATE ASSISTANTSHIP RECOMMENDATION FORM (2)

(Must be typed)

1. Name of Applicant: _____/_____/_____
(Last) (First) (Middle)
2. How long have you known the applicant? _____
(Years/Months)
3. In what connection have you known the applicant? Check all that applies.

Personal Friend	[]	Colleague	[]
Supervisor	[]	Employer	[]
Minister	[]	Classmate	[]
Former Teacher	[]	Principal	[]
Present Teacher	[]	Other	[]

4. Please rate the applicant in comparison with other students you have known of comparable age and academic level. Check the area that best describes the applicant's level of functioning.

	Upper 50%	Upper 30%	Middle 25%	Lower 10%	Lower 5%	Not Able To Judge
Ability to complete requirements for graduate degree						
Intellectual curiosity to inquire seriously and thoroughly about a subject or area of study						
Leadership potential						
Promise as a practitioner and/or administrator						
Perseverance and self-confidence						

Date

Print Name: _____

Signature: _____

Title or Position: _____

Institution: _____

***NOTE:** - Course load of no less than 9 semester hours required for regular semester, 6 semester hours for summer. Non-degree, Provisional, and conditional students are not eligible for a graduate assistantship.



GRADUATE ASSISTANTSHIP RECOMMENDATION FORM (3)

(Must be typed)

1. Name of Applicant: _____/_____/_____
(Last) (First) (Middle)
2. How long have you known the applicant? _____
(Years/Months)
3. In what connection have you known the applicant? Check all that applies.

Personal Friend	<input type="checkbox"/>	Colleague	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Minister	<input type="checkbox"/>	Classmate	<input type="checkbox"/>
Former Teacher	<input type="checkbox"/>	Principal	<input type="checkbox"/>
Present Teacher	<input type="checkbox"/>	Other	<input type="checkbox"/>

4. Please rate the applicant in comparison with other students you have known of comparable age and academic level. Check the area that best describes the applicant's level of functioning.

	Upper 50%	Upper 30%	Middle 25%	Lower 10%	Lower 5%	Not Able To Judge
Ability to complete requirements for graduate degree						
Intellectual curiosity to inquire seriously and thoroughly about a subject or area of study						
Leadership potential						
Promise as a practitioner and/or administrator						
Perseverance and self-confidence						

Print Name: _____

Signature: _____

Title or Position: _____

Institution: _____

***NOTE:** - Course load of no less than 9 semester hours required for regular semester, 6 semester hours for summer. Non-degree, Provisional, and conditional students are not eligible for a graduate assistantship.