

APPLICATION for Graduate Assistantship

Name: First		M.I.	Las	ıt.
	ate			
	nt address:			
Teleph Have y	you been fully accepted as a graduate s	Email:		
	University? Yes No e program (check one)			
	Communication & Digital Marketing Education Integrative Health Studies Master of Arts in Teaching/MATS	-		Criminal Justice/Human Rights Direct Entry MS Nursing Master of Social Work School of Psychology Psy.D. Program
Semes	ted date of graduationter/Year for which the assistantship is being es/universities you have attended: name o			

List employment experience in chronological order Date(s) Employer/Address/Position OR Attach your resume with application				
Which GA position would you prefer?				
1 3				
Describe the specific skills/experience which you believe would enable you to perform the duties of a graduate assistant.				
Give the names and contact information of three persons to support your application for an assistantship.				
Have you previously held a graduate assistantship? Yes No If yes, give name of institution/department, immediate supervisor and dates.				
List any honors, awards or special recognition which you have received				
Do you possess a valid driver's license? IIIYes IIINo If yes, please complete the following information: State of issuance/driver's license number/expiration date:				
Class: (Circle one) A B C D E F G M				

Have you ever been convicted of a criminal offense? Yes, if yes, list charge(s) No				
Note: Omit minor vehicle violations and any offense committed before your 17 th birthday which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to receiving an assistantship in all cases. Each conviction is evaluated individually.				
Date Disposition/Status; Where convicted:				
Are you legally authorized to work in the United States?YesNo				
If response is No, please explain:				

PLEASE READ CAREFULLY THE FOLLOWING STATEMENTS

AUTHORITY TO RELEASE INFORMATION: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the University which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of GCU to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for an assistantship.

Signature	Date
this form are true and accurate. A	By my signature, I affirm, agree and understand that all statements on y misrepresentation, falsification or material omission of information or in exclusion from further consideration or, if selected, termination of the
Signature	Date

Your application for graduate admission and acceptance will be verified with the Graduate Admissions Office prior to any offer of an assistantship. YOU MUST BE ADMITTED INTO A GRADUATE PROGRAM TO BE ELIGIBLE FOR AN ASSISTANTSHIP.

Send completed application for graduate assistantship position to the department in which the position you wish to apply for is located. i.e. GA Residence Life - Administration is sent to Director of Residence Life.