



- Fall 20 _____
- Spring 20 _____
- Summer 20 _____

Application for a Graduate Assistantship*

The social security number is required for the furtherance of operations and business of the University which includes but is not limited to the provision of proper identification.

Name _____ NIU Student ID _____
(Last) (First) (Initial)

Local Address _____
(Street) (Apt.) (City) (State) (Zip)

Permanent Address _____
(Street) (Apt.) (City) (State) (Zip)

Local Telephone (_____) Permanent Telephone (_____)

Indicate your country of citizenship: _____ Visa type and number, if applicable: _____

Native Language: _____

Test of Spoken English (TSE) score, if applicable: _____ Date taken: _____

Type(s) of assistantship preferred: Teaching Research Staff

Hours of service preferred: 20 hours/week 15 hours/week 10 hours/week

Academic department in which degree is sought: _____

Intended degree (check one): M.A.S. M.A. M.B.A. M.M. M.P.A. M.P.H. M.P.T. M.S. M.S.Ed.
 M.F.A. Ed.S. Performer's Certificate J.D. Ed.D. Ph.D. M.S.T. Au.D.

Major, and specialization (if any): _____

If you are already enrolled in an NIU graduate program, please furnish the following information:

Semester hours completed in current program: _____ Semester hours remaining: _____ Anticipated graduation date: _____

List all colleges and universities attended/attending, including NIU (most recent first):

Institution	Location	Major	Degree sought	Dates attended (to/from)

Summarize pertinent experience/skills (teaching, research, computer, language, etc.):

List each employer (most recent first):

Employer	Location	Position	Dates (to/from)

Note: The "Certification" statement on the reverse side of this form must be signed and dated in order for this application to be considered.

*Forward completed application to department/division in which assistantship is desired.

Certification: (This application will not be considered unless signed and dated.)

I understand that withholding information required on this application or giving false information may make me ineligible for an assistantship. I certify that the statements made on this application are, to the best of my knowledge, complete and correct, and that I will comply with the regulations pertaining to employment eligibility or disclosure of educational loan payment.

Signature: _____ Date: _____

For more information on policies pertaining to Graduate Assistantship appointments please refer to the HR website: www.hr.niu.edu.