

SCHOOL OF GRADUATE STUDIES



106 Brigham Hall
University of Wisconsin-Platteville
1 University Plaza
Platteville WI 53818-3099

Phone: (608) 342-1322

Fax: (608) 342-1389

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APPLICATION FOR GRADUATE ASSISTANTSHIP

Instructions: Fill in the information requested on the graduate assistantship application form and return the completed form to the School of Graduate Studies Office, 106 Brigham Hall. Only students who have been admitted to a graduate program and are carrying eight credits or more are eligible for assistantships. Students enrolled as “special” are ineligible.

Please note that final appointment to a graduate assistantship is contingent on a criminal history background check. We need your consent to conduct a criminal history background check. You will need to complete a consent form. At the time you are offered a graduate assistantship, you will be requested to complete and return a consent form. A link to the form will be provided at that time. Failure to return the consent form by the date indicated will result in the assistantship being offered to another individual.

A completed application for graduate assistantship must be received in our office by April 1st of the academic year you are applying for – example: fall 2009 and spring 2010 comprise the academic year of 2009-2010.

Fall Spring 20_____ _____
Graduate program of study at University of Wisconsin-Platteville

Admission status: Full standing Probation Trial enrollment Application pending

Mr. Mrs. Ms. Other

Name: Last _____ First _____ MI _____

Social Security Number: _____

Mailing Address: Number & Street _____

City _____ State _____ Zip _____

Permanent Address: Number & Street _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ E-mail Address: _____

Gender: Female Male

Employment Record (list most recent first):

Name of Employer: _____ City/State: _____

Type of Work: _____ Dates: _____

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Name of Employer: _____ City/State: _____

Type of Work: _____ Dates: _____

Academic Background (college/universities attended):

Name: _____ City/State: _____ Dates: _____

Name: _____ City/State: _____ Dates: _____

Name: _____ City/State: _____ Dates: _____

Degree: _____ Major: _____

Minor: _____ Date Earned: _____

Degree: _____ Major: _____

Minor: _____ Date Earned: _____

Grade point average from degree granting college: GPA _____ on a _____ point scale.

REFERENCES:

List three individuals who may be contacted for a recommendation in support.

Name: _____ Position: _____

Address: _____ City/State: _____

Phone Number (include area code): (____) _____

Name: _____ Position: _____

Address: _____ City/State: _____

Phone Number (include area code): (____) _____

Name: _____ Position: _____

Address: _____ City/State: _____

Phone Number (include area code): (____) _____

RESIDENCY INFORMATION:

Wisconsin

U.S. Citizen other than Wisconsin

Foreign

We have a limited number of out-of-state waivers available. Would you like to be considered for non-resident fee waiver? Yes No

Signature: _____ Date: _____

For office use only:

Application sent to Depart: _____ Admission status: _____ Credits: _____

Computer ID No.: _____ Residency: _____



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