



WRIGHT STATE UNIVERSITY

Graduate Assistantship Application

Return to:
Wright State University
Department (indicated below)
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001

Please type or print.

Application for an assistantship in the department of _____ Effective quarter and year _____

Last name _____ First _____ Middle/Maiden _____ UID number _____

Street address _____ City _____ State _____ Zip _____

Area code/Phone _____ Birthdate/Month, day, year _____

Female Male Yes No
Sex _____ Married? _____

Caucasian African American Oriental Hispanic American Indian Foreign student

(This is voluntary information requested for reports to the federal government. This information has no influence on the assistantship decision.)

Education: College/University	Dates attended/from/to	Degree	Date awarded	Major

Undergraduate GPA _____ GMAT _____ GRE _____ MAT _____ TOEFL _____ SPEAK _____
If you have completed one or more of the above tests, please fill in test score(s)

List names and positions of two persons whose recommendations have been requested. Recommendations should come from persons acquainted with your academic background. This application must be accompanied by your statement regarding the purpose of your graduate study and your professional goals (see back of page).

Name _____
Position _____
Name _____
Position _____

Signature _____ Date _____

Student do not write below this line—Department please complete the following:

Recommendation: Assistantship should be: granted _____ not granted _____

Beginning date of assistantship _____ Ending date _____

_____ Graduate assistant _____ Graduate teaching assistant _____ Graduate research assistant

Account or grant number to which stipend is to be charged _____
NOTE: If stipend is to be charged to a grant or contract number, then tuition remission will also be charged to that grant or contract number.

Total stipend to be paid \$ _____ Quarterly stipend \$ _____ Monthly stipend \$ _____

Special conditions _____

Department Chair/Director College/School Dean

Do not write below this line.

Date received _____ Incomplete _____
 Dean, School of Graduate Studies

Initials _____ DRtd _____ Comments _____
DRcvd _____

Statement of Objectives

This statement is used exclusively for your assistantship application. Please state the purpose of your graduate study and professional goals. In addition, include a description of any publications, research, or teaching experience you have completed.

Signature and date