SCHOOL OF COMMUNICATION

College of Arts and Sciences • Western Michigan University • Kalamazoo, MI

APPLICATION FOR GRADUATE ASSISTANTSHIP

PLEASE PRINT

Date: _____

Name: _____
(Mr. Ms. Mrs. Miss) (LAST) (FIRST) (M.I.)

Mailing Address: _____
(STREET) (APT. NO.)

_____
(CITY) (STATE) (COUNTRY) (ZIP CODE)

WIN Number: _____ Email Address:_____

For which academic term are you applying? Fall 20_____ Spring 20_____

Research Experience (e.g. survey research, library research, etc.): _____

Teaching Experience: _____

Professional Experience (related to the field of communication): _____

I hereby certify if awarded assistance, I will comply with the rules and regulations of the Graduate College governing graduate students with appointments.

Signed: _____ Date:_____

REV. 10/08