



WESTERN MICHIGAN UNIVERSITY

Last name,

First name

Date (term and year) for which applying

Today's date

APPLICATION FOR APPOINTMENT TO A DOCTORAL ASSOCIATESHIP

- An application for admission to a Western Michigan University doctoral program must be made **before** the submission of this application.
- To be eligible for a Doctoral Associateship, a student must be regularly admitted to a doctoral degree program and be in good academic standing at Western Michigan University.
- To receive the most timely consideration of this application, fill in all information requested and **submit the application to the academic department offering your degree program** by February 15 preceding the academic year of the appointment period. Your academic department may require additional information or have different deadlines or expectations; admission information and deadlines for individual programs may be viewed at the department's web page as found on the University's home page: www.wmich.edu. Please consult this site for the most current information about your intended doctoral program.

Name of the academic department offering your doctoral degree program: _____

Academic year you wish to hold this Doctoral Associateship: _____ – _____

Anticipated date of graduation from the doctoral program: _____
(semester/session) (year)

Return completed application form to your academic department at the following address:

Graduate Admissions Committee
[Name of department]
Western Michigan University
1903 West Michigan Ave.
Kalamazoo, MI 49008

Name _____
Last First Middle

Permanent mailing address _____
Street City State Zip

Local mailing address (if applicable) _____
Street City State Zip

Email address _____ Phone _____

Country of citizenship _____

State in which you claim residence, if U.S. citizen _____

List all educational institutions attended since high school, including Western Michigan University:

| <u>Institution</u> | <u>State or Country</u> | <u>Dates of attendance</u> | <u>Degree received or expected</u> |
|--------------------|-------------------------|----------------------------|------------------------------------|
| _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ to _____ | _____ |

Professional experience (give employers, dates of employment, and type of work):

1. _____
2. _____
3. _____

Names and contact information of three persons (preferably employers or professors) who have given you permission to use their names as references:

1. _____
2. _____
3. _____

Scholarships or assistantships/associateships/fellowships held to date _____

Academic honors or other awards received _____

Publications or scholarly or creative productions _____

Indicate professional certification(s), if any _____

Please attach a complete resume with this application

Describe briefly (200 words) your plans for graduate study: (a) define your professional goals and explain why you are planning to pursue them; (b) indicate the experiences (professional and/or academic) you have had which would qualify you for a Doctoral Associateship.

Signature of Applicant

(more on next page)

Have a former professor or employer who is well acquainted with your academic abilities comment below on your potential for graduate study. If a separate letter is written, it should be on institutional letterhead and enclosed with this application. The letter or the comments below must accompany this application.

Printed name of reference

Title and institutional affiliation of reference

Signature of reference

Return this completed application form to the academic department of your doctoral program,
not to the Graduate College.