



School of Education

APPLICATION FOR GRADUATE ASSISTANTSHIP

Student Curriculum Code/Program: Early Childhood Certificate Masters Ed. Specialist PhD

Full Name: _____

Social Security #: _____ - _____ - _____ and/or LSU ID: _____ - _____ - _____

Current Mailing Address: _____

Place and Date of Birth: _____ / _____ / _____ Citizenship: _____ Gender: M / F

Ethnic Origin: Please check one: American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander Nonresident alien Two or more races Unknown White

Permanent Address: _____

Telephone: (Home/Work) _____ (Cell) _____ (E-Mail) _____

For which semester is assistantship sought? fall _____ and/or spring _____ summer _____

Degrees held (University and date of each) _____

Program Interest (i.e., English, Science, Curriculum Theory, Special Ed, Higher Ed, Research, Social Studies.etc.) _____

Graduate Record Examination Scores: Verbal _____ + Quantitative _____

Grade Point Average (4.0 scale): Undergraduate _____ Graduate _____

Number of years teaching in PK-12 Schools: _____ Years _____ Months

Subject(s)/Grades: _____

Certifications Held: _____

Number of Years Teaching at College/University level: _____ Years _____ Months Courses Taught: _____

All Students:

Have you received an Assistantship offers before? _____ If yes, for which years? Referred by: _____

Attach a CV, transcript, description of your assistantship duties and the name of sponsoring professor.

Signature: _____ Date: _____

Please return application and a current curriculum vita to:

Executive Director Early Childhood Education Laboratory Preschool Graduate Assistantships 123 Peabody Hall earlychildhood@lsu.edu	FOR OFFICE USE ONLY	Status	DATE
	Status-Graduate School		
	Approved by Chair	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Amount of Award: \$		