



- Fall 20 _____
- Spring 20 _____
- Summer 20 _____

Application for a Graduate Assistantship*

The social security number is required for the furtherance of operations and business of the University which includes but is not limited to the provision of proper identification.

Name _____ NIU Student ID _____
(Last) (First) (Initial)

Local Address _____
(Street) (Apt.) (City) (State) (Zip)

Permanent Address _____
(Street) (Apt.) (City) (State) (Zip)

Local Telephone (_____) Permanent Telephone (_____) _____

Indicate your country of citizenship: _____ Visa type and number, if applicable: _____

Native Language: _____

Test of Spoken English (TSE) score, if applicable: _____ Date taken: _____

Type(s) of assistantship preferred: Teaching Research Staff

Hours of service preferred: 20 hours/week 15 hours/week 10 hours/week

Academic department in which degree is sought: _____

Intended degree (check one): M.A.S. M.A. M.B.A. M.M. M.P.A. M.P.H. M.P.T. M.S. M.S.Ed.
 M.F.A. Ed.S. Performer's Certificate J.D. Ed.D. Ph.D. M.S.T. Au.D.

Major, and specialization (if any): _____

If you are already enrolled in an NIU graduate program, please furnish the following information:

Semester hours completed in current program: _____ Semester hours remaining: _____ Anticipated graduation date: _____

List all colleges and universities attended/attending, including NIU (most recent first):

Institution	Location	Major	Degree sought	Dates attended (to/from)

Summarize pertinent experience/skills (teaching, research, computer, language, etc.):

List each employer (most recent first):

Employer	Location	Position	Dates (to/from)

Note: The "Certification" statement on the reverse side of this form must be signed and dated in order for this application to be considered.

*Forward completed application to department/division in which assistantship is desired.

FEDERAL SELECTIVE-SERVICE REGISTRATION COMPLIANCE

State of Illinois law requires that a student receiving State-supported financial aid (e.g., a scholarship, fellowship, or tuition waiver) must present, to the university, certification of either (1) registration with the United States Selective Service or (2) an explanation of the absence of such registration.

Therefore, in order for a Northern Illinois University graduate student or law student to receive such financial aid in association with a graduate assistantship, the student must complete the following information:

You must mark statement A, B, or C:

- A. I certify that I am registered with the U.S. Selective Service.
- B. I certify that I am not required to be registered with the U.S. Selective Service. If statement B is marked, at least one of the following statements must also be marked:
 - I am a female.
 - I am not a U.S. citizen and I am lawfully in the U.S.
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am on full-time active duty in the U.S. military. (This does not include being in the National Guard or military reserves.)
 - I am incarcerated, hospitalized, or institutionalized for medical reasons, but I understand that to receive financial aid after my release I must submit a new Federal Selective-Service Registration Compliance form.
 - I am a citizen of American Samoa and my permanent address is not in the U.S.
 - I am a national or citizen of the Republic of the Marshall Islands or the Federated States of Micronesia.
- C. I am at least 26 years of age; but did not register with the U.S. Selective Service and am not exempt by statement B. I will not receive financial aid prior to a determination by the Graduate School that my failure to register was not knowing and willful. (This must be documented and is explained in an information sheet available at the Graduate School.)

I agree to present a new copy of this form if the above information changes before I receive financial support as a student at Northern Illinois University.

Certification: (This application will not be considered unless signed and dated.)

I understand that withholding information required on this application or giving false information may make me ineligible for an assistantship. I certify that the statements made on this application are, to the best of my knowledge, complete and correct, and that I will comply with the regulations pertaining to employment eligibility, disclosure of educational loan payment and Selective Service Registration Compliance.

Signature: _____ Date: _____

For more information on policies pertaining to Graduate Assistantship appointments please refer to the HR website: www.hr.niu.edu.