



- 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.

**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 or disclosure of educational loan payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on policies pertaining to Graduate Assistantship appointments please refer to the HR website: [www.hr.niu.edu](http://www.hr.niu.edu).