

Department of Counseling and School Psychology
GRADUATE ASSISTANTSHIP APPLICATION

Name: _____ Date: _____

Social Security Number: _____

Address: _____ Telephone: _____

_____ Zip: _____

Undergraduate Major: _____ GPA: _____

Graduate Major: _____ GPA: _____

Graduate program in which you are enrolled: _____

Reasons for your application for a graduate assistantship:

Work Experience:

Dates	Employer	Nature of position

(Please feel free to use the back of this form if necessary).

If you are a new student, you must have applied to the Graduate School **BEFORE** this application can be considered.

Please return this form to:
 Chair, Department of Counseling and School Psychology
 Wyman Education Building

410 South Third Street
 River Falls, Wisconsin 54022