



# WRIGHT STATE UNIVERSITY

## Graduate Assistantship Application

**Return to:**  
Wright State University  
Department (indicated below)  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001

Please type or print.

Application for an assistantship in the department of \_\_\_\_\_ Effective quarter and year \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Social Security number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area code/Phone \_\_\_\_\_ Birthdate/Month, day, year \_\_\_\_\_

Female  Male  Yes  No   
Sex Married?

Caucasian  African American  Oriental  Hispanic  American Indian  Foreign student

(This is voluntary information requested for reports to the federal government. This information has no influence on the assistantship decision.)

Education:  
College/University \_\_\_\_\_ Dates attended/from/to \_\_\_\_\_ Degree \_\_\_\_\_ Date awarded \_\_\_\_\_ Major \_\_\_\_\_

Undergraduate GPA \_\_\_\_\_ GMAT \_\_\_\_\_ GRE \_\_\_\_\_ MAT \_\_\_\_\_ TOEFL \_\_\_\_\_ SPEAK \_\_\_\_\_  
If you have completed one or more of the above tests, please fill in test score(s)

List names and positions of two persons whose recommendations have been requested. Recommendations should come from persons acquainted with your academic background. This application must be accompanied by your statement regarding the purpose of your graduate study and your professional goals (see back of page).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

**Student do not write below this line—Department please complete the following:**

Recommendation: Assistantship should be: granted \_\_\_\_\_ not granted \_\_\_\_\_

Beginning date of assistantship \_\_\_\_\_ Ending date \_\_\_\_\_

\_\_\_\_\_ Graduate assistant \_\_\_\_\_ Graduate teaching assistant \_\_\_\_\_ Graduate research assistant

Account or grant number to which stipend is to be charged \_\_\_\_\_

NOTE: If stipend is to be charged to a grant or contract number, then tuition remission will also be charged to that grant or contract number.

Total stipend to be paid \$ \_\_\_\_\_ Quarterly stipend \$ \_\_\_\_\_ Monthly stipend \$ \_\_\_\_\_

Special conditions \_\_\_\_\_

x \_\_\_\_\_  
Department Chair/Director

x \_\_\_\_\_  
College/School Dean

**Do not write below this line.**

Date received \_\_\_\_\_ Incomplete \_\_\_\_\_ x \_\_\_\_\_  
Dean, School of Graduate Studies

Initials \_\_\_\_\_ DRtd \_\_\_\_\_ Comments \_\_\_\_\_

DRcvd \_\_\_\_\_

## Statement of Objectives

This statement is used exclusively for your assistantship application. Please state the purpose of your graduate study and professional goals. In addition, include a description of any publications, research, or teaching experience you have completed.

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Signature and date