

STEPHEN F. AUSTIN STATE UNIVERSITY
Nacogdoches, Texas 75962

APPLICATION FORM
for
Graduate Teaching Assistantship
Graduate Research Assistantship

The applicant must fill out this form accurately and completely. Mail it to the chair of the department to which you wish to apply for an assistantship. Letters of recommendation and complete transcripts must be sent to the department chair before action can be taken on the application. Before an applicant can be awarded an assistantship, he/she must have been admitted to the graduate school. Hence, he/she must also have on file in the graduate office the report of scores on the Aptitude Test of the Graduate Record Examination or, if business, the Graduate Management Admission Test. Graduate school application forms are available from the Office of the Graduate School, inside the back cover of the Graduate Bulletin, and on-line at www.sfasu.edu/graduate.

This application is for: Fall, 20____; Spring, 20____.

1. PERSONAL DATA

Name _____ Social Security Number _____
First Middle Last

Home Address _____
Number Street City State Zip Code

Telephone Number _____ Email Address _____

Mailing Address (if different) _____
Number Street City State Zip Code (Last date you will be at this address)

Date of Birth _____ Place of Birth _____ Country of Present Citizenship _____

Related to Any Employee or Official of this University? If so, list names and relationships: _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

2. EDUCATION AND TRAINING

Name of Institution	City	State	Attendance Dates (Month and Year)		Graduation		
					Date	Degree	Major
			From	To			
			From	To			
			From	To			
			From	To			
			From	To			

Have the Registrar of each college you attended send a transcript of your record to the chair of the department to which you are applying. These transcripts are in addition to those needed by the Graduate School.

3. MEMBERSHIPS AND AWARDS

Membership in professional and honorary organizations: _____

Scholarships, Grants, Awards, Honors: _____

4. RESEARCH (If you have completed research or have publications list them below. If possible, send reprints.)

5. EMPLOYMENT: State in chronological order employment, including military service since earning a bachelor's degree.

DATES	EMPLOYER	CITY	STATE	NATURE OF POSITION

(Continue on separate page, if needed)

6. LETTER OF APPLICATION: Include a letter of application indicating your interest in an assistantship, the subject field(s) in which you feel qualified to assist, your objectives in graduate study, and any other information you feel should be included.

7. REFERENCES: Give the names of three (3) persons whom you have asked to write letters of recommendation directly to the department chair. Secure recommendations from college professors who are acquainted with you and your work, especially in advanced courses in your major field.

NAME	TITLE	ADDRESS	TELEPHONE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the state of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____
Signature -- Applicant Date

v t
 Mail to chair of the appropriate department
 Stephen F. Austin State University
 Nacogdoches, Texas 75962