



Application for Graduate Assistantship

Department of Communication

www.enmu.edu

This application is for: Fall semester Spring semester Summer semester

Student Information

Date: _____ Social Security Number: _____

Name: _____
Last First Middle Initial

Current address: _____
Street City State ZIP

Current phone: _____

Permanent address: _____
Street City State ZIP

Education Experience

Degree(s) held: _____ Year awarded: _____

University: _____ Location: _____

Major(s): _____

Minor(s): _____

Degree sought at ENMU: _____ Emphasis: _____

Work Experience

 List chronological order, beginning with most recent employment.

Position: _____ Dates: _____ Supervisor: _____

Name of organization: _____ Address: _____
Street City State ZIP

Position: _____ Dates: _____ Supervisor: _____

Name of organization: _____ Address: _____
Street City State ZIP

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Name of organization: _____ Address: _____
Street City State ZIP

Position: _____ Dates: _____ Supervisor: _____

Name of organization: _____ Address: _____
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Position: _____ Dates: _____ Supervisor: _____

Name of organization: _____ Address: _____
Street City State ZIP

References

Name: _____ Position: _____

Address: _____ Phone: _____
Street City State ZIP

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Address: _____ Phone: _____
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Agreement

I hereby apply for award of teaching assistantship research assistantship

I agree not to engage in other remunerative activities without permission from the dean of the graduate school while I hold an assistantship.

Signature of applicant: _____

Please list any enclosures to be included with this application in the space below.

Return completed application to the department or school of your planned program of study, in care of Eastern New Mexico University, Portales, NM 88130.