

# Longwood University Graduate Assistantship Application

Name:  
(Legal name as it appears on Social Security card.)

Social Security Number:

Contact Address:

Contact Phone:

Contact Email:

Admitted to Degree or licensure program in:

Term(s) Applied For: Fall 20\_\_\_\_ Spring 20 \_\_\_\_ Summer 20\_\_

Graduate Assistant Category Preferred:

\_\_\_ Teaching Assistant      \_\_\_ Research Assistant      \_\_\_ Academic Assistant

Number of hours per week available to work: \_\_\_ 20 hours      \_\_\_ 10 hours

Minimum number of credit hours enrolled per term: \_\_\_ 9 hrs      \_\_\_ 6 hrs

Education

Employment History

Skills/Qualifications

Career/Education Goals

Placement Preferences

I have read the Longwood University Graduate Assistant Appointment Policy and agree to abide by its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature