

**The Graduate School
Southern University And A&M College
Baton Rouge, Louisiana**

APPLICATION FOR GRADUATE ASSISTANTSHIPS/FELLOWSHIPS
(Please Print or Type)

Semester and Year Applied For: FALL _____ SPRING _____ SUMMER _____ YEAR _____

NAME: _____

LOCAL ADDRESS: _____
(Street, P.O. Box, City, State, Zip Code) (Local Phone #)

PERMANENT ADDRESS: _____
(if different from above) (Street, P. O. Box, City, State, Zip Code) (Permanent Phone #)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
(Month) (Date) (Year)

BIRTHPLACE: _____ NATIONALITY: _____
(City) (State) (Country)

*If an international student, please attach proof of current/valid Visa
*If a permanent resident, please attach proof of "Green Card"

ACADEMIC BACKGROUND: Include all colleges universities, and professional schools attended

University/College/School	Major	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Overall Undergraduate GPA (based on a 4.0 scale) _____ PROPOSED FIELD OF STUDY _____
Overall Graduate GPA (based on a 4.0 Scale) _____

REFERENCES: (Confidential Evaluation Forms are available in the Graduate School)

Name	Address	Phone	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTERNATIONAL STUDENT/IMMIGRANT VISA STATUS:

Student Visa Number _____ Immigrant _____ Other _____
Proof of Valid Student Visa _____ Proof of U.S. Permanent Residency State/ Citizenship _____

I understand that if awarded an assistantship or fellowship, it may be withdrawn without notice or warning if:

1. I fail to maintain a semester and/or cumulative grade point average of 3.0
2. If my course load drops below the full-time equivalent at any time (9 semester credit hours during the Fall or Spring semesters and 6 hours during the Maymester and Summer terms).
3. If my performance becomes unsatisfactory at any time.

Signature of Student Date

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**GRADUATE ASSISTANTSHIP APPLICATION
CONFIDENTIAL EVALUATION FORM**

(Please Print or Type)

Applicant's Name: _____ SS#: _____
(Last) (First) (M.I)

Major Field of Study: _____

In accordance with the Family Education Right and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you enroll in the Graduate School at Southern University – Baton Rouge.

_____ I hereby waive my right of access to this recommendation.

Student's Signature: _____ Date: _____

PLEASE RATE THE APPLICANT WITH OTHERS OF SIMILAR AGE AND ACADEMIC LEVEL BY SELECTING THE ONE RESPONSE (1-5) THAT COMES CLOSEST TO YOUR JUDGEMENT FROM THE FOLLOWING SCALE.

**1 – Excellent
4 – Poor**

**2 – Good
5 – Unable to Judge**

3 – Satisfactory

Ability to Work with Others	
Motivation Plus Diligence	
Interest in Academic Major	
Imagination and Probable Creativity	
Ability to Communicate in Writing	
Ability to Communicate Orally	
Ability to Complete Assigned Tasks	

COMMENTS: (Use back of this sheet if necessary)

The applicant has taken: None of my classes
 One of my classes
 Two or more of my classes

Signature of Evaluator: _____

Position/Department: _____

Office Address: _____

City/State/Zip: _____

Office Phone: _____ E-mail Address: _____

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