



# APPLICATION *for* Graduate Assistantship

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security number \_\_\_\_\_

2. Current address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

3. Permanent address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

CCU email \_\_\_\_\_

4. Degree program (check/complete one)

Master of Arts (Writing)

Master of Accountancy

Master of Business Administration

Master of Arts in Teaching / Concentration \_\_\_\_\_

Master of Education (Educational Leadership)

Master of Education (Learning and Teaching)

Early and Elementary Grades     Instructional Technology     Literacy

Master of Science (Coastal Marine and Wetland Studies)

Fraud Examination Certificate

5. Expected date of graduation \_\_\_\_\_

6. Semester for which the assistantship is being requested \_\_\_\_\_

7. List in chronological order the colleges/universities which you have attended.

Name of institution

Dates of attendance

Degree and date received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List employment experience in chronological order.

Date(s)

Employer/address

Position/job

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe the level and extent of any prior teaching experience you have had.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Give the title of any undergraduate research projects completed and describe prior research experience(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Rank the type of assistantship that you are requesting (i.e., first choice, second choice, third choice).

General \_\_\_\_\_ Research \_\_\_\_\_ Teaching \_\_\_\_\_

12. Describe the specific skills/experience which you believe would enable you to perform the duties of a graduate assistant.

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13. Give the names, addresses and telephone numbers of three persons to support your application for an assistantship.

Name \_\_\_\_\_ Address and telephone number \_\_\_\_\_

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14. Have you previously held a graduate assistantship?  Yes  No

If yes, give name of institution/department, immediate supervisor and dates.

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15. List any honors, awards or special recognition which you have received.

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16. Do you possess a valid driver's license?  Yes  No If yes, please complete the following information:

Drivers license number \_\_\_\_\_ State of issuance \_\_\_\_\_ Expiration date \_\_\_\_\_

Class: *Circle one* A B C D E F G M

17. Have you ever been convicted of a criminal offense?  Yes If yes, list charge(s).  No

**Note:** Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to receiving an assistantship in all cases. Each conviction is evaluated individually.

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Where convicted	Date	Disposition/Status
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18. Are you legally authorized to work in the United States?  Yes  No

## PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

19. **STUDENT LOAN:** State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

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

20. **AUTHORITY TO RELEASE INFORMATION:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the State of South Carolina to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for an assistantship.

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

21. **CERTIFICATION OF APPLICANT:** By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification or material omission of information or data on this application may result in exclusion from further consideration or, if selected, termination of the assistantship.

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

▶ Please submit this application for Graduate Assistantship along with your Application for Graduate Admission.

▶ Send completed application to: Office of Graduate Studies  
Coastal Carolina University  
P.O. Box 261954  
Conway, SC 29528-6054

*Office of Graduate Studies*

Coastal Carolina University • PO Box 261954 • Conway, SC 29528-6054  
843-349-2394 • 843-349-6444 fax • [www.coastal.edu/graduate](http://www.coastal.edu/graduate)