APPLICATION
for Graduate Assistantship

Name _____ CCU Student ID# _____

Email _____ Telephone _____

Current address _____

Degree program _____

Expected date of graduation _____

Semester for which the assistantship is being requested _____

Do you possess a valid driver's license? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

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

Name Email telephone number

1. _____
2. _____
3. _____

Please attach a resume or C.V. that includes: (1) educational and employment history, including any prior graduate assistantships, (2) teaching experience, (3) research experience, including related presentations or publications, and (4) other skills/experience/awards/certifications relevant to your potential duties as a graduate assistant

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 _____

☐ Send completed application to: The College of Graduate Studies and Research
Coastal Carolina University
P.O. Box 261954
Conway, SC 29528-6054
graduate@coastal.edu

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