



APPLICATION for Graduate Assistantship

1. Name: First _____ Middle _____ Last _____

Birth date ____/____/____ Social Security Number (if CCU ID# not applicable)____/____/____

Email address _____

CCU ID# (if applicable)_____ CCU email (if applicable) _____

2. Current address _____

Telephones: Home: (_____) _____ Cell: (_____) _____

3. Permanent address _____

Telephones: (_____) _____ Other: (_____) _____

4. Degree program (check/complete one)

Master of Arts (Liberal Studies)

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 Language, Literacy and Culture

Educational Specialist (Educational Leadership)

Educational Specialist (Instructional Technology)

Master of Science (Coastal Marine and Wetland Studies)

Doctor of Philosophy (Marine Science)

Master of Science Sport Management

Master of Education in Special Education

Master of Science in Information Systems Technology

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.

10. Provide the title(s) of any undergraduate research projects completed.

11. Indicate the type of assistantship you are seeking.

General _____ Research _____ Teaching _____

12. Describe specific skills/experience that you possess that will enable you to perform the duties of a graduate assistant.

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

Name _____ Address and telephone number _____

14. Have you previously held a graduate assistantship? Yes No
If yes, give name of institution/department, immediate supervisor and dates.

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

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

Driver's 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 17th 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.

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
graduate@coastal.edu

Office of Graduate Studies

Coastal Carolina University • PO Box 261954 • Conway, SC 29528-6054
843-349-2394 • 843-349-6444 fax • coastal.edu/graduate