

**Application for Assistantship to begin:**

- ☐ Fall 20\_\_\_\_  
☐ Spring 20\_\_\_\_  
☐ Summer 20\_\_\_\_  
☐ Tuition ☐ Monthly Stipend

**Application for a Graduate Assistantship**

Please read the guidelines on the back of the application.

**I. PERSONAL DATA**

DOB: \_\_\_\_\_

Name: \_\_\_\_\_ J#: \_\_\_\_\_ Gender: Male/Female  
 (Last) (First) (Initial)

Local Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone Number:( ) \_\_\_\_\_ Office Number:( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Advisor: \_\_\_\_\_

**II. EDUCATION BACKGROUND**

List all colleges and universities attended/attending, including JSU (most recent first):

Dates of Attendance	Institution	Major/Minor	Degree/Certificate Earned	Date Earned

Academic department in which degree is sought: \_\_\_\_\_

If you are enrolled in a JSU graduate program, please furnish the following information:

Semester hours completed in current program: \_\_\_\_\_ Semester hours remaining: \_\_\_\_\_

**I understand that withholding information required on this application or giving false information may make me ineligible for an assistantship.** I certify that the statements made on this application are, to the best of my knowledge, complete and correct.

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

**Please Note: Funds are for Tuition Only (does not include prior tuition and fees)**  
**Awards are based on availability of funds**

**Office of the Dean**

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8/2/2016