WESTERN MICHIGAN UNIVERSITY
School of Social Work
GRADUATE ASSISTANT APPLICATION
2010-11

1. Student's Name: _____

2. Social Security Number: _____ Birth Date: _____

3. Are you a U.S. Citizen? Yes _____ No _____ If no, what is your visa classification?

_____

4. State of Legal Residence: _____

5. Address: _____
Street City State Zip Code

6. Telephone #: (home)_____ (work) _____

7. E-mail Address: _____

8. Experience

Describe previous research experience:_____

_____

_____

_____

_____

Describe previous clerical/organizational experience: _____

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_____

_____

Attach a current resume of work and academic experience, and a cover letter explaining how you plan to schedule 10 (half-time) or 20 (full-time) hours of work for the School of Social Work. This form must be sent by April 1, 2010 for Summer I and June 6, 2010 for Fall 2010:

School of Social Work
1903 W. Michigan Ave. #5354
Kalamazoo, MI 49009-5354
Attn: Student Services

_____ _____
Student Signature Date