
Name Last, First

Social Security Number

Date

**APPLICATION FOR APPOINTMENT TO A
DOCTORAL ASSOCIATESHIP**



WESTERN MICHIGAN UNIVERSITY

**1903 W. MICHIGAN AVE.
KALAMAZOO, MICHIGAN 49008-5242**

- An application for admission to a Western Michigan University doctoral program must be made **before** the submission of this application.
- To be eligible for a Doctoral Associateship, a student must be regularly admitted to a doctoral degree program and be in good academic standing at Western Michigan University.
- To receive the most timely consideration of this application, fill in all information requested and **submit the application to the academic department offering your degree program** by February 15 preceding the academic year of the appointment period. Your academic department may require additional information or have different deadlines or expectations; it is in your best interest to correspond directly with your academic department for further information.

- Date of received or expected admission to the doctoral program: _____
(semester/session) (year)
- Academic year you wish to hold this Doctoral Associateship: _____ - _____
- Anticipated date of graduation from the doctoral program: _____
(semester/session) (year)
- Name of the academic department offering your doctoral degree program: _____

Return completed application form to your academic department

• Name _____
Last First Middle

• Permanent Address _____
Street City State Zip Phone

• Local Address _____
Street City State Zip Phone

• E-mail Address _____

• Country of Citizenship _____

• State in which you claim residence, if U.S. citizen _____

• List all educational institutions attended since high school, including Western Michigan University.

Institution	State	Dates of Attendance	Degree Received or Expected
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

•Professional experience (Give employers, dates of employment, and type of work)

a. _____

b. _____

c. _____

•Three persons (preferably employers or professors) who have given you permission to use their names as references.

_____ Name Address

_____ Name Address

_____ Name Address

•Scholarships or assistantships/associateships/fellowships held to date _____

•Academic honors or other awards received _____

•Publications or scholarly or creative productions _____

•Indicate professional certification, if any _____

Attach a complete résumé to this page

Describe briefly (200 words) your plans for graduate study: (a) Define your professional goals and explain why you are planning to pursue them; (b) indicate the experiences (professional and academic) you have had which would qualify you for a Doctoral Associateship.

Signature of Applicant

(more on next page)

Have a former professor or employer well acquainted with your academic abilities comment below on your potential for graduate study. If a separate letter is written, enclose it with this application. The letter or the comment must accompany this application.

Print name and title of reference

Signature of reference

**Return completed application form to your academic department,
not to The Graduate College**