

**WESTERN MICHIGAN UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE
APPLICATION FOR GRADUATE TEACHING ASSISTANT**

Only a **complete application** should be submitted and must include the following:

1. This form with every item completed.
2. Bachelors and Masters transcripts showing college work completed at the time of this application.
3. TOEFL (for international students)
4. Three letters of recommendation, in sealed envelopes, in support of your application.
5. Resume (includes academic and professional background.)
6. GRE (optional for Masters and required for Ph.D.)

Only complete applications will be reviewed for possible assistantship positions. Applications must be received by **February 15 for Fall** and **October 15 for Spring** assistantships.

DATE _____

NAME _____
LAST **FIRST** **MIDDLE**

CURRENT MAILING ADDRESS _____

SUMMER MAILING ADDRESS (if different) _____

EMAIL ADDRESS (please print) _____

CURRENT PHONE _____ SUMMER PHONE (if different) _____

DATE OF BIRTH _____ MICHIGAN RESIDENT? _____

CITIZENSHIP _____ STUDENT ID NO. _____

WHAT GRADUATE DEGREE PROGRAM WILL YOU BE ENROLLED IN? _____

CHECK SEMESTER(S) AND YEAR(S) YOU ARE APPLYING FOR:

FALL _____ SPRING (WINTER) _____ SUMMER I _____ SUMMER II _____ YEAR(S) _____

HONORS, SCHOLARSHIPS OR FELLOWSHIPS RECEIVED _____

MINORS _____

HAVE YOU APPLIED FOR ADMISSION TO THIS GRADUATE PROGRAM? _____

Employment Record: Give dates, employer and nature of activity. List in reverse chronological order. Include part-time employment.

Recommendations: Using the enclosed forms, as three people who are familiar with your academic achievements and personal qualities to send letters of recommendation. At least two of these people should be familiar with your work in computer science, mathematics or engineering. List here the names, titles and addresses of people who will recommend you.

Reason for desiring this graduate degree. Write a paragraph in your own hand.

I certify that I am in good academic, disciplinary and student standing. I also give permission to the Department of Computer Science to check my student disciplinary and academic records.

SIGNATURE _____

DATE _____

RETURN COMPLETED FORM TO: Department of Computer Science
Parkview Campus – Room B - 237
Western Michigan University
Kalamazoo, Michigan 49008-5466