

Application for Graduate Assistantship
Speech-Language Pathology
Department of Communication Disorders
Auburn University

Name: _____ SS# _____

Permanent Address: _____
Street Apt #

_____ City State Zip

Telephone: _____ e-mail _____

Current Address _____
Street Apt#

_____ City State Zip

Telephone: _____ e-mail _____

Current address valid until _____

Are you a US citizen? ___Yes ___No If No, Country of citizenship _____

You may elect here to declare if you are a member of a minority group, have any handicapping conditions or are veteran of military service.

Educational background:

Degrees earned	Subject Area	Institution Granting Degree	Date Received/Expected

Academic honors/awards:

Membership in honor societies:

Participation in other college activities:

Record of employment

Place of Employment	Position	Dates of Employment

On a separate sheet, write an essay which describes why you qualify for a graduate assistantship. Your essay may include personal qualities, special training or experience, as well as your financial status.

Signature of Applicant

Date

**Return to :
Graduate Program Coordinator – SLP
Department of Communication Disorders
1199 Haley Center
Auburn University, AL 36849**