Daytime Telephone # _____ Email address _____

Application for College of Nursing Graduate Assistantship

University of South Carolina – College of Nursing - Office of the Dean – 1601 Greene Street - Columbia, SC 29208

Please indicate which type of assistantship you are applying for:

[ ] Graduate Assistant
[ ] Graduate Instructional Assistant
[ ] Graduate Teaching Assistant
[ ] Graduate Research Assistant

1. Name: _____ SS#_____
Last Name First Name (MI)

2. Current Mailing Address:_____

_____

3. I have been fully accepted to study toward a graduate degree at USC. [ ] Yes [ ] No _____

4. I have previously held a graduate assistantship at USC. [ ] Yes [ ] No

5. I have previously held a graduate assistantship in the College of Nursing. [ ] Yes [ ] No

6. Degree expected: _____ 7. Expected graduation date: _____

8. Program area of concentration: _____

9. Semester(s) for which requesting assistantship: _____

10. I would be able to start a graduate assistantship the following date:

_____

11. I have experience in the area(s) indicated:

Administration _____ Clerical _____ (Typing Speed _____wpm) Research _____ Technology _____

12. Special skills I would bring to this position: _____

_____

_____

_____

13. List in chronological order all colleges and universities attended:

Degree Dates Major College/University

_____

_____

_____

14. Attach a resume= or history of employment experience. Be sure to list place of employment, address, telephone number, dates of employment, and duties required for each position.

I certify that all information on this *Application for College of Nursing Graduate Assistantship* form are true and accurate. Any misrepresentations or omissions of facts may result in the cancellation of my application.

Student's Signature_____ Date _____

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