

APPLICATION FOR GRADUATE ASSISTANTSHIP

SECTION I: STUDENT INFORMATION

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Name (Please print) Jane Doe		Student ID Leave Blank
Department Speech-Lang Path	Degree M.S.	Anticipated Date of Graduation (Month/Year) 5/20xx
Home Phone XXX-XXXX	Work Phone XXX-XXXX	Anticipated Date of Graduation (Month/Year) 5/20xx E-mail idoe@gmail.com
If you are an international student, do you	possess a valid F-1 visa? Yes	No
Attach your resume and a list of 3 profes.	sional and/or academic references.	
Graduate Assistantship Position Title Spe	eech Dept GA	Department/Division Speech-Lang Path
Check the Academic Term(s) for which th	e Assistantship is requested.	
SU Only Year	FA Only Year	SP Only Year
FA/SP Year 20xx-20xx	SU/FA/SP Year	
Do you currently have a graduate assistant	ship in another department/division?	Yes No V If yes, where?
Have you ever received a Loyola College	Assistantship? Yes No	
If yes, when? (Term/Year)	(Term/Year)	(Term/Year)
If selected for the above assistantship, I we the policies and procedures of Loyola Co		ties of the position in a professional manner consistent with
Student's Signature Jane Doe		Date
SECTION II: TO BE COMPLETED B		
completed and attached. The Form I-9 mu	ast be completed within 3 business day Forms. If the student has not receive	ral Tax Form (W-4) and State Tax Form (MW 507) must be any sof employment. All forms can be found in the Forms page and any type of payment during the calendar year, he/she will be
Summer Semester	Fall Semester	Spring Semester
Total Hours	Total Hours	Total Hours
Scholarship Amt	Scholarship Amt	Scholarship Amt
Stipend Amt	Stipend Amt	Stipend Amt
Beginning Date	Beginning Date	Beginning Date
Account No	Account No	Account No
Sponsoring Professor/Director's Signature	,	Date
Budget Administrator's Approval		
Division Supervisor's Approval		
Once the application has been complete Student Administrative Services and a		please retain a copy for the Department and send a copy to
SECTION III: HR USE ONLY		
Position ID	Pay Period	Number of Pays
HR Signature	· <u></u>	Date