GONZAGA UNIVERSITY
Research Assistant / Graduate Assistant Application
School of Professional Studies

Name _____ Home phone _____

Student ID _____ Work phone _____

Address _____

Graduate Program: ____ MA- ORGL _____ MA-COML

Term Requesting Assistance: _____ Enrolled credits _____

Have you received an assistantship previously? Yes ____ No ____

If yes, with whom did you work? _____

Are you receiving tuition assistance from an employer, grant, agency, or other entity? Yes ____ No ____

If yes, from whom? _____

Please list your current employment status, position title, hours worked per week and any employment changes that have implications for need:

State need for assistantship credits:

State your preference for Graduate Assistantship or Research Assistantship and attach current resume highlighting abilities:

_____

Signature Date

Please submit to Connie Caddis by email, fax, or mail:
caddis@gonzaga.edu ~ 502 E. Boone Ave., MS 2616, Spokane, WA 99258 ~ Fax 509-313-3566