**GRADUATE ASSISTANTSHIP APPLICATION**

**Submit:** Application, 3 Recommendations (See included Recommendation Forms), Resume,

**and Criminal Background Check**

**Graduate Department Major**:

**Nicholls State University**

**P.O. Box**

**Thibodaux, Louisiana 70310**

**APPLICANT INFORMATION** (please print or type):

Name of Applicant:       Date of Application:

Mailing Address:

 Address, City, State, Zip Code, Country

Telephone:       Fax:

E-mail address:

Place of Birth:

 City, State, Country

U.S. Citizen? Yes No If no, what country?

Graduate Major:

**Colleges or Universities Attended (most recent first):**

|  |  |  |  |
| --- | --- | --- | --- |
| College / University | Years Attended | Degree | Major |
| From | To |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Academic Grades and Test Scores (as appropriate):**

|  |  |
| --- | --- |
| Undergraduate Grade Point Average (4.0 scale) |       |
| Test of English as a Foreign Language (TOEFL) Total Score |       |
| GRE General Test | Total | Verbal | Quantitative | Analytical |
|       |       |       |       |
| GMAT | Total | Verbal | Quantitative | Writing |
|       |       |       |       |

**References have been solicited from the following individuals:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reference #1 | Reference #2 | Reference #3 |
| Name |       |       |       |
| Position or Title |       |       |       |
| Address |       |       |       |

If an assistantship is not currently available, would you like to be considered at a later time?

 Yes No

**NOTICE TO APPLICANT**: Incomplete applications will not be considered. Complete all applicable items, including a resume, and ***submit to the graduate coordinator or to the supervisor in the department in which employment is sought.***

**Graduate Assistant applicants must also complete the Criminal Background Consent Form.**

**This form is available online at** [**http://www.nicholls.edu/human-resources/forms/**](http://www.nicholls.edu/human-resources/forms/)**.**

**Please answer the following questions as required by the Office of Human Resources:**

*Are you 17 years of age or older? Yes No*

*Have you ever been convicted of a felony? Yes No (Conviction of a felony will not necessarily bar you from employment. We will consider the date, facts, and circumstances of each individual case.)*

*If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*I certify that all the information provided above is true and correct. I understand that any false information provided can be grounds for refusal to hire or immediate termination.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Applicant*  *Date*

Revised: August 2019

**To Graduate Department Major**:

**Nicholls State University**

**P.O. Box** **, Thibodaux, Louisiana 70310**

**GRADUATE ASSISTANTSHIP RECOMMENDATION FORM**

**(Confidential)**

I am an applicant for a graduate assistantship at Nicholls State University, and am seeking a recommendation from you for that position. I would appreciate very much your completing the evaluation below and submitting this confidential form directly to the above address.

**APPLICANT INFORMATION** (please print or type):

Name of Applicant       Date

Mailing Address

Address, City, State, Zip Code, Country

Telephone       Fax       E-mail

Graduate Degree Sought

I do hereby waive my right of access to this confidential evaluation made for the purpose of accompanying my application for employment as a graduate assistant at Nicholls State University.

Signature of Applicant Date

Please check the appropriate box based upon your observation of the applicant:

| **Characteristic** | **Outstanding** | **Above Average** | **Average** | **Below Average** | **Not Observed** |
| --- | --- | --- | --- | --- | --- |
| Potential for Success |       |       |       |       |       |
| Quantity of Work |       |       |       |       |       |
| Quality of Work |       |       |       |       |       |
| Ability to Complete Work |       |       |       |       |       |
| Judgment and Common Sense |       |       |       |       |       |
| Emotional Adjustment |       |       |       |       |       |
| Cooperativeness |       |       |       |       |       |
| Initiative |       |       |       |       |       |
| Problem-Solving Ability |       |       |       |       |       |
| Dependability |       |       |       |       |       |
| Conduct |       |       |       |       |       |
| Integrity |       |       |       |       |       |

I have been acquainted with the applicant for       years.

My relationship with the applicant has been as:

[ ]  Employer

[ ]  Advisor or Supervisor

[ ]  College Instructor

[ ]  Co-worker

[ ]  Friend

[ ]  Other (please explain)

**Comments:** (If you wish, please comment on the strengths and weaknesses which might affect the performance of the applicant as a graduate assistant. For example, you might comment on the applicant’s personality, attitude, dependability, integrity, etc. Attach additional sheets if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator Date

Title Organization

Address

 Number & Street or P.O. Box

 City, State, Zip Code Country

**NOTE TO EVALUATOR:** Please accept the thanks of both the applicant and Nicholls State University for your time and effort in this evaluation. Revised: August 2019

**To Graduate Department Major**:

**Nicholls State University**

**P.O. Box       , Thibodaux, LA 70310**

**GRADUATE ASSISTANTSHIP RECOMMENDATION FORM**

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**APPLICANT INFORMATION** (please print or type):

Name of Applicant       Date

Mailing Address

Address, City, State, Zip Code, Country

Telephone       Fax       E-mail

Graduate Degree Sought

I do hereby waive my right of access to this confidential evaluation made for the purpose of accompanying my application for employment as a graduate assistant at Nicholls State University.

Signature of Applicant Date

Please check the appropriate box based upon your observation of the applicant:

| **Characteristic** | **Outstanding** | **Above Average** | **Average** | **Below Average** | **Not Observed** |
| --- | --- | --- | --- | --- | --- |
| Potential for Success |       |       |       |       |       |
| Quantity of Work |       |       |       |       |       |
| Quality of Work |       |       |       |       |       |
| Ability to Complete Work |       |       |       |       |       |
| Judgment and Common Sense |       |       |       |       |       |
| Emotional Adjustment |       |       |       |       |       |
| Cooperativeness |       |       |       |       |       |
| Initiative |       |       |       |       |       |
| Problem-Solving Ability |       |       |       |       |       |
| Dependability |       |       |       |       |       |
| Conduct |       |       |       |       |       |
| Integrity |       |       |       |       |       |

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My relationship with the applicant has been as:

[ ]  Employer

[ ]  Advisor or Supervisor

[ ]  College Instructor

[ ]  Co-worker

[ ]  Friend

[ ]  Other (please explain)

**Comments:** (If you wish, please comment on the strengths and weaknesses which might affect the performance of the applicant as a graduate assistant. For example, you might comment on the applicant’s personality, attitude, dependability, integrity, etc. Attach additional sheets if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator Date

Title Organization

Address

 Number & Street or P.O. Box

 City, State, Zip Code Country

**NOTE TO EVALUATOR:** Please accept the thanks of both the applicant and Nicholls State University for your time and effort in this evaluation. Revised: August 2019

**To Graduate Department Major**:

**Nicholls State University**

**P.O. Box       , Thibodaux, LA 70310**

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**APPLICANT INFORMATION** (please print or type):

Name of Applicant       Date

Mailing Address

 Address, City, State, Zip Code, Country

Telephone       Fax       E-mail

Graduate Degree Sought

I do hereby waive my right of access to this confidential evaluation made for the purpose of accompanying my application for employment as a graduate assistant at Nicholls State University.

Signature of Applicant Date

Please check the appropriate box based upon your observation of the applicant:

| **Characteristic** | **Outstanding** | **Above Average** | **Average** | **Below Average** | **Not Observed** |
| --- | --- | --- | --- | --- | --- |
| Potential for Success |       |       |       |       |       |
| Quantity of Work |       |       |       |       |       |
| Quality of Work |       |       |       |       |       |
| Ability to Complete Work |       |       |       |       |       |
| Judgment and Common Sense |       |       |       |       |       |
| Emotional Adjustment |       |       |       |       |       |
| Cooperativeness |       |       |       |       |       |
| Initiative |       |       |       |       |       |
| Problem-Solving Ability |       |       |       |       |       |
| Dependability |       |       |       |       |       |
| Conduct |       |       |       |       |       |
| Integrity |       |       |       |       |       |

I have been acquainted with the applicant for       years.

My relationship with the applicant has been as:

[ ]  Employer

[ ]  Advisor or Supervisor

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[ ]  Co-worker

[ ]  Friend

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator Date

Title Organization

Address

 Number & Street or P.O. Box

 City, State, Zip Code Country

**NOTE TO EVALUATOR:** Please accept the thanks of both the applicant and Nicholls State University for your time and effort in this evaluation. Revised: August 2019

Your Full Name

Your Address • City, State Zip

Cell Phone • Home Phone • E-Mail Address

Profile

* Highlight keywords and keyword phrases that best describe YOUR skills, qualifications and experience

Education

Nicholls State University Thibodaux, Louisiana

***Bachelor of Science or Arts in What Major Month Year***

* Concentration in …
* Minor in…
* Anticipated graduation: May 2011
* Cumulative GPA:

***Relevant Coursework:***

* List specific names of the courses (i.e., Professional Selling, not MKGT 320)2
* Another course
* Another course

***Affiliations and Activities***

* Sorority/Fraternity (President, Secretary, Social Chairperson)
* Student Programming Association/Student Government Association
* University Advisory Committees
* University Athletic Teams

***Awards and Honors***

* Named to Who’s Who Among Students in American Universities and Colleges
* Recipient of Named Scholarship

Work Experience

Nicholls State University – Specific Department Thibodaux, Louisiana

***Student Employee Month Year began – Month Year ended***

* List AT LEAST three (3) job descriptions
* Use action verbs to describe what you do or did – not full sentences
* Do not use the words “I” or “My”

Another Job Thibodaux, Louisiana

***Job Title Month Year began – Month Year ended***

* List AT LEAST three (3) job descriptions
* Use action verbs to describe what you do or did – not full sentences
* Do not use the words “I” or “My”

Another Job Thibodaux, Louisiana

***Job Title Month Year began – Month Year ended***

* List AT LEAST three (3) job descriptions
* Use action verbs to describe what you do or did – not full sentences
* Do not use the words “I” or “My”

Volunteer Experience

List Volunteer and Community Service that you have been involved in.

References

Available upon request