



**Your University of Choice**

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**GRADUATE ASSISTANTSHIP APPLICATION FORM  
CALUMET COLLEGE OF ST. JOSEPH**

Please read the Graduate Assistantship Guidelines carefully. Return Application along with resume and two letters of recommendation to: The Vice President of Academic Affairs

**DEADLINE:** June 15<sup>th</sup> for fall term and November 15<sup>th</sup> for spring term

- New Applicant  
 GA reapplication (Please attach a letter of recommendation from previous faculty/supervisor)  
Requesting assistantship for - Fall 20\_\_ - 20\_\_ Spring 20\_\_ - 20\_\_

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

(Last) (First) (MI)

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ What Degree Program are you in: \_\_\_\_\_

Describe your specific skills for supporting research activities and give reasons why you should be considered for the position you have checked above. (i.e., data collection, coding, library searches, editing, etc.)

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Describe your specific skills for supporting teaching activities and give reasons why you should be considered for the positions you have checked above. (i.e., oral & written communication, tutoring/teaching, maintaining records, etc.)

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Provide a rationale for financial need and list other financial assistance applied for or awarded for the upcoming academic year.

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**THIS APPLICATION IS VALID FOR ONLY ONE ACADEMIC YEAR**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

2400 NEW YORK AVENUE • WHITING, IN 46394 • (219) 473-7770 • (773) 721-0202 • FAX (219) 473-4259

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Quality Education in the Catholic Tradition