



APPLICATION FOR GRADUATE ASSISTANT PROGRAM

Application Procedures:

1. Gain admission to a Graduate Program at Anderson University
2. Submit an updated resume and 3 letters of reference to the Office of Work Life Engagement
3. Upon acceptance or reappointment as a Graduate Assistant, complete and submit this form to the Office of Work Life Engagement, Decker Hall, Suite 112.

SECTION I: STUDENT INFORMATION

NAME: _____	University ID# _____	
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	CELL PHONE: _____	
EMAIL: _____		

SECTION II: ACADEMIC PROGRAM INFORMATION

SEMESTER OR TERM APPLIED FOR (Check one):		
<input type="checkbox"/> Fall Semester ____-____	<input type="checkbox"/> Spring Semester ____-____	<input type="checkbox"/> Academic Year ____-____
GRADUATE PROGRAM FOR WHICH A TUITION WAIVER IS REQUESTED (Check one):		
<input type="checkbox"/> Falls School of Business	<input type="checkbox"/> Professional MBA (2-yr)	
<input type="checkbox"/> School of Theology	<input type="checkbox"/> Master of Divinity (3-yr)	<input type="checkbox"/> Master of Theological Studies

SECTION III: ASSISTANTSHIP ASSIGNMENT

DEPARTMENT: _____	
POSITION: _____	
SUPERVISOR: _____	
Supervisor Signature: _____	Date: _____

SECTION IV: GRADUATE PROGRAM CERTIFICATION (To be completed by Graduate Program representative.)

This above student has been accepted into above program. Yes

Date Program Begins: _____ Anticipated Graduation Date: _____

Authorized Signature: _____ Date Signed: _____

APPLICANT CERTIFICATION

This application for a Graduate Assistantship is true and correct to the best of my knowledge. I understand that the tuition waiver I receive in excess of \$5,250 in a calendar year may be taxable depending on my Assistantship assignment. Additionally, by signing this application I agree to:

- Abide by the conduct standards of the Anderson University Student Handbook
- Abide by the Graduate Assistant Guidelines and expectations
- Remain in good academic standing with the graduate program in which I am enrolled
- Accept responsibility for tuition and fees should I leave my Assistantship before the end of a Semester
- Apply for continuation of my graduate assistantship if I am eligible for reappointment

Signed: _____ Date Signed: _____

WORK LIFE ENGAGEMENT CERTIFICATION

This benefit is a Graduate Assistantship (taxable waiver after \$5,250 per year.)

Signed: _____ Date Signed: _____

Calendar/Tax Year	Semester I	Semester II	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$