MINOT STATE UNIVERSITY **Graduate School**

ASSISTANTSHIP APPLICATION

Name_____ID#_____Date_____

Present Address_____Phone_____

Indicate Graduate Program (must be admitted to be eligible for an assistantship)

___Education Specialist: School Psychology

___Master of Education

___Master of Science in Disability Human Services

___Master Science in Information Systems

___Master Science in Management

___ Master Science in Speech-Language Pathology

___Master of Science in Special Education

___Master Science in Sports Management

I am applying for the assistantship for the following term(s):

Fall '20_____   Spring '20_____   Summer '20_____

Type of assistantship preferred: Teacher_____   Research_____   Service_____

Previous teaching, research, or service experience:

Other relevant experience:

Name three (3) professional references that can attest to your teaching, research, or service abilities:

Name_____Title_____

Address_____Phone_____

Name_____Title_____

Address_____Phone_____

Name_____Title_____

Address_____Phone_____

Submit the completed form to your Graduate Program Director. Applications should be submitted no less than one semester prior to when you wish to be appointed.

6/2021