



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)

____ Master of Education

____ Master Science in Communication Disorders

____ Master Science in Information Systems

____ Master Science in Management

____ Master Science in Special Education

____ Master of 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: Teaching _____ Research _____ Service _____

Previous teaching, research, or service experience: _____

Other relevant experience: _____

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

Updated June 2018