

DEPARTMENT OF CHILD, YOUTH AND FAMILY STUDIES
Graduate Assistantship Application
(Due February 1 for appointment the following year)
Return to 135 Mabel Lee Hall, Lincoln, NE 68588-0236

Name _____ Student ID: _____

Current Address _____

Phone No.: (____) _____ E-mail Address: _____

Completed Degrees _____ Date _____

Institution(s) _____

Academic Year for which you request assistantship _____

List Significant Experience On Attached Sheet

Indicate what types of computer applications experience you have. Please include application name and describe level of proficiency.

Word Processing: _____

Spreadsheet/Statistical: _____

Database Management or Production: _____

Internet Publishing/Graphics: _____

Other: _____

List three references: (no letters are required)

Name Address

Name Address

Name Address

**COMPLETE ONLY IF CURRENTLY A FAMILY AND CONSUMER SCIENCES
GRADUATE STUDENT**

Date Graduate Program Began _____ Option I II III

Graduate Emphasis _____ Advisor _____

Have you served before as a Graduate Assistant in Family and Consumer Sciences? _____

In another department? _____ If yes, what was your job and who was your supervisor? _____

Signature of Applicant

Date