

**DEPARTMENT OF FAMILY AND CONSUMER SCIENCES**  
**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

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**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? \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date