



The Office of Graduate and Professional Studies  
 SOUTHERN UNIVERSITY AND A&M COLLEGE  
 BATON ROUGE, LOUISIANA

APPLICATION FOR GRADUATE ASSISTANTSHIP

(Please Print or Type)

**Where to Turn in this Application:**

1. If you desire placement in your department submit this application to your department head.  
or
2. If you are a doctoral student or desire to be placed in a non-academic unit then turn your application to the Graduate School.

Please Note: This application is valid ONLY for the semester selected below.. A new application is needed each semester.

Semester and Year Applied for: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ YEAR \_\_\_\_\_

NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_  
(STREET/ P.O. BOX, CITY, STATE & ZIP CODE) (Local Phone #)

PERMANENT ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) (STREET/ P.O. BOX, CITY, STATE & ZIP CODE) (Permanent Phone #)

1. Are you a first time applicant? Yes  No 
  - o If yes, are you a new graduate student? Yes  No
  - o If no, is this your 2<sup>nd</sup> award  3<sup>rd</sup> award  4<sup>th</sup> award
2. What is your program of study (major)? \_\_\_\_\_
3. What is your current grade point average? \_\_\_\_\_
4. Are you a full-time student? Yes  No
5. What is your current graduate admission status?  Regular  Provisional  Conditional  Non-Degree

I understand that if awarded an assistantship or fellowship, it may be withdrawn without notice or warning if:

1. I fail to maintain a semester and/or cumulative grade point average of 3.0.
2. If my course load drops below the full-time equivalent at any time (9 semester credit hours during the Fall or Spring semesters and 6 hours during the Maymester and Summer terms.)
3. If my performance becomes unsatisfactory at any time.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENT & GRADUATE SCHOOL USE ONLY BELOW THIS LINE.**

**Departmental Use:**

Awarded Assistantship Yes  No   
 If yes, list amount here \$ \_\_\_\_\_

Additional Department Comments: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate School Use:**

Date Received: \_\_\_\_\_ Unit Assigned: \_\_\_\_\_  
 Fee Waiver Awarded as a result of assistantship: Yes  No