



APPLICATION FOR GRADUATE ASSISTANT PROGRAM

Application Procedures:

1. Gain admission to a Graduate Program at Anderson University
2. Submit an updated resume and 3 letters of reference to the Office of Work Life Engagement
3. Upon acceptance or reappointment as a Graduate Assistant, complete and submit this form to Work Life Engagement, Decker Hall Room 112.

**SECTION I: STUDENT INFORMATION**

NAME: _____	University ID# _____	
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	CELL PHONE: _____	
EMAIL: _____		

**SECTION II: ACADEMIC PROGRAM INFORMATION**

SEMESTER OR TERM APPLIED FOR (Check one):		
<input type="checkbox"/> Fall Semester ____-____	<input type="checkbox"/> Spring Semester ____-____	<input type="checkbox"/> Academic Year ____-____
GRADUATE PROGRAM FOR WHICH A TUITION WAIVER IS REQUESTED (Check one):		
<input type="checkbox"/> Falls School of Business	<input type="checkbox"/> Professional MBA	
<input type="checkbox"/> School of Theology	<input type="checkbox"/> Master of Divinity	<input type="checkbox"/> Master of Theological Studies
<input type="checkbox"/> School of Music, Theatre & Dance	<input type="checkbox"/> Master of Arts in Music Education	

**SECTION III: ASSISTANTSHIP ASSIGNMENT**

DEPARTMENT: _____	
POSITION: _____	
SUPERVISOR: _____	
Supervisor Signature: _____	Date: _____

**SECTION IV: GRADUATE PROGRAM CERTIFICATION (To be completed by Graduate Program representative.)**

This above student has been accepted into above program.  Yes

Date Program Begins: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**APPLICANT CERTIFICATION**

This application for a Graduate Assistantship is true and correct to the best of my knowledge. I understand that the tuition waiver I receive in excess of \$5,250 in a calendar year may be taxable depending on my Assistantship assignment. Additionally, by signing this application I agree to:

- Abide by the conduct standards of the Anderson University Student Handbook
- Abide by the Graduate Assistant Guidelines and expectations
- Remain in good academic standing with the graduate program in which I am enrolled
- Accept responsibility for tuition and fees should I leave my Assistantship before the end of a Semester
- Apply for continuation of my graduate assistantship if I am eligible for reappointment

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

---

**WORK LIFE ENGAGEMENT CERTIFICATION**

This benefit is a  Graduate Assistantship (taxable waiver after \$5,250 per year.)

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Calendar/Tax Year	Semester I	Semester II	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$