



**Walsh University
School of Business**

APPLICATION FOR GRADUATE ASSISTANTSHIP

Name _____
Last First Initial Maiden

Address _____
Street _____
City State Zip Code

Social Security Number _____ Telephone () _____

Certificate or License (if any) (type and/or grade level)

Previous college attended _____

City and State _____

Dates attended _____

Degree awarded _____

Academic major _____

Cumulative quality point average _____

Are you currently employed? Yes _____ No _____ Number of hours per week _____

If yes, give name and address of employer: _____

Which program assistantship are you applying for? _____

Date: _____ Signature _____

Return this form to: Walsh University, School of Business, Attention: Diane Thompson,
Administrative Assistant, 330.490.7386 **Be sure to attach a current resume to your application.*