APPLICATION FOR GRADUATE ASSISTANTSHIP
EGAN SCHOOL OF NURSING & HEALTH STUDIES
GRADUATE PROGRAM

NAME
Last
First
Middle

ADDRESS
Street
City
State
Zip

STUDENT EMAIL
STUDENT ID #

CELL PHONE NUMBER
HOME PHONE NUMBER

ACADEMIC SEMESTER YOU’RE APPLYING FOR: ____________________________ *

CLASSES YOU’RE TAKING IN SEMESTER YOU ARE APPLYING FOR: ____________________________

*Application deadlines: July 15th for fall semester; November 15th for spring semester

Have you been admitted to our Graduate Program? □ No □ Yes

1. List your strengths (e.g., clinical, technical, computer and research skills):

________________________________________________________________________

________________________________________________________________________

List your clinical areas of interest:

________________________________________________________________________

________________________________________________________________________

2. Work availability: Days ________________________________________________

Times ________________________________________________

3. What are your sources of tuition support __________________________________

4. Have you have been a graduate assistant for the Egan School before? □ No □ Yes

If yes, when and with whom? ________________________________________________

jm: 4/1/11
revised mwk: 11/13/13; js 7/30/15; 6/16/16; js/drc 11/28/18; 6/24/19; 6/15/21