

GRADUATE ASSISTANTSHIP/PARTIAL TUITION WAIVER PACKAGE APPLICATION

University of North Florida , Brooks College of Health

1 UNF Drive

J. Brooks Brown Hall, Bldg. 39/3031

Jacksonville, FL 32224-2645

Please return the completed application and resume via email to Carolyn Smith (Carolyn.smith@unf.edu) as an attached PDF file labeled: BCH GA App_YourLastName and Resume_YourLastName. All applications received by Ms. Smith will be acknowledged by e-mail.

Semester/Year:

Name:

Phone:

N Number:

Jacksonville Address:

Zip Code:

Check One:

United States Citizen

Resident Alien

International Student on Visa

Graduate Program Department/Major/Concentration:

Date Admitted into Graduate Program:

I hereby apply for a graduate assistantship/partial waiver package for the following academic terms:

Fall

Spring

Have you applied for any financial assistance through other campus departments?

No

Yes, please describe:

Are you receiving any financial assistance through other campus departments?

No

Yes, please describe:

****Note: YOU MUST INFORM THE FINANCIAL AID OFFICE OF ANY CHANGES IN NUMBER OF HOURS ENROLLED, OR LEVEL OF HOURS.**

I GUARANTEE THAT I WILL BE AVAILABLE TO WORK A MINIMUM OF 10 HOURS PER WEEK IN FALL AND SPRING SEMESTERS. (On campus attendance will be based on faculty needs).

Yes

No

Enter times you are NOT available to work on campus: M T W Th F (We realize class times will change each semester; we need to know other outside obligations such as work, that cannot be changed.)

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Undergraduate University/Major:

Upper Level GPA (last 60 hours):

GRE Score:

Skill Areas: (Check the skills in which you have proficiency.)

Word processing (Word)
Presentation Production(PowerPoint)
Library Research
Internet Research
Interviewing (of Research Subjects)
Wet Laboratory Techniques
Statistical Analysis
Questionnaire Development/Administration
Teaching (Instruction) Please specify:

Discipline Area Research Techniques: (Please list and describe.)

Skills you would like to use as a graduate assistant:

Research Interests: (Please list if applicable.)

Other information you would like to share with the committee:

Professional Statement: Type a statement of intent that includes your professional goals, skills/ experience that would allow you to be successful in the position, and why you should receive the award (~500 words).

Student Signature

Date: