



HENDERSON STATE UNIVERSITY

1100 Henderson Street
Arkadelphia, AR 71999



Application for Graduate Assistantship

1. Name: _____

2. Current Address: _____
Street City State Zip

3. HSU ID #: _____ Phone (H): _____ (Cell): _____

E-mail: _____

4. Application to Graduate School complete? _____ Yes _____ No

If so, when were you admitted to Graduate School? _____

If not, list reason: _____

5. Assistantship for which you are applying: _____

6. Semester(s) for which application is being made: **Fall & Spring – Academic Year** _____
Fall Only – Year _____
Spring Only – Year _____

7. All schools attended:

School	Location	Dates Attended	Date of Graduation	Degree

8. List your previous work, volunteer, or service learning experiences and skills, which relate to the assistantship for which you are applying:

9. Undergraduate major: _____ Minor: _____

10. Check the area of specialization for which you expect to meet graduate degree requirements:

Master of Science in Education

- ___ Advanced Instructional Studies ___ School Counseling - Elementary
___ Special Education/Early Childhood (K-12) ___ School Counseling - Secondary
___ Educational Leadership ___ Educational Technology Leadership
___ Dyslexia Therapy

Master of Science:

- ___ Clinical Mental Health Counseling ___ Sports Administration
___ Developmental Therapy

Master of Liberal Arts (General)

- ___ English, Rhetoric, & Composition ___ Social Sciences
___ Art History ___ Philosophy ___ Teaching English/Two-Year College

Master of Business Administration

- ___ MBA

Master of Arts in Teaching

- ___ MAT

11. List three references:

Name	Complete Address (Street, City, State, Zip)	Position	Phone

NOTE: Complete official transcripts (graduate and undergraduate) must be filed with the Graduate Office before this application can be processed.
Send to the Graduate School, HSU Box 7802, Arkadelphia, AR 71999-0001.

Date

Applicant's Signature

MAIL TO: Graduate School, Box 7802, Arkadelphia, AR 71999-0001
FAX TO: (870) 230-5479 Questions? Call (870) 230-5126 or email grad@hsu.edu

ATTENTION ASSISTANTSHIP SUPERVISOR:

Please complete this section and secure signatures from the departmental Dean and/or VP then return to the Graduate School office.

Account # to which assistantship should be charged: _____

Is this position fully or partially funded by a source outside the University? ____ Yes ____ No

If yes, what is the name of the source? _____

APPROVAL: _____
Department Head/Assistantship Supervisor

Date

School Dean or Vice President for Area

Date

Vice Provost / Dean of Graduate School

Date

Note: Graduate Assistant tuition reimbursement applies ONLY to hours earned toward a student's degree requirements. In the event that a graduate assistant resigns or is dismissed from a position, the amount of tuition waiver will be pro-rated based upon the actual days a graduate assistant worked during the semester. In addition, in the event of a resignation or dismissal, no tuition waiver will be granted beyond the semester in which the graduate assistant last worked.

The graduate assistant will successfully complete two (2) graduate-level courses, or their equivalence (a minimum of six hours), with a grade of C or better to maintain his or her graduate assistantship. Failure to do so will result in the loss of the assistantship. With extenuating circumstances, a student may appeal the loss of his or her assistantship to the Graduate Council.