

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Last Name First Middle Initial Social Security No.

Present Address \_\_\_\_\_  
 Number Street City State Zip Code Phone: Area Number

Permanent Address \_\_\_\_\_  
 Number Street City State Zip Code Phone: Area Number

# Application for Departmental or Graduate Assistantship (Full-time students only)



**TEXAS CHRISTIAN UNIVERSITY**  
 Graduate Studies  
 College of Health and Human Sciences  
 TCU Box 298625  
 Fort Worth, Texas 76129  
 817-257-6750  
 FAX 817-257-6751

1. Date of this Application:  
  
 \_\_\_\_\_  
 Month/Year

2. Starting date of requested financial aid:  
  
 \_\_\_\_\_  
 Month/Year

3. Graduate major \_\_\_\_\_

4. Graduate degree sought \_\_\_\_\_

5. What type or types of appointment are you interested in? (see Bulletin)

Departmental Assistant   
 Graduate Assistant

6. Have you previously applied for an assistantship at TCU Graduate Studies, College of Health and Human Sciences?  
  
 \_\_\_\_\_

(If so, do not answer the remainder of the items. We will notify you if your file is incomplete.)

7. Are you now attending Graduate Studies at TCU? Yes  No

8. If not, have you applied for admission to the College of Health and Human Sciences, Graduate Studies Program?  
 Yes  No

9. List the institutions where you have obtained (or will obtain) a degree:

Institution	Degree	Date obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. If you are a legal resident of Texas, are you applying for TEG (Tuition Equalization Grant) funds?  
 Yes  No

11. Are you applying for a student loan?  
 Yes  No

12. Are you applying for work-study funds?  
 Yes  No

13. List the names and addresses of three persons who know you academically or professionally, and whom you have requested to send recommendations to Graduate Studies, College of Health and Human Sciences.

1. \_\_\_\_\_  
 Name  
  
 \_\_\_\_\_  
 Title or Position

2. \_\_\_\_\_  
 Name  
  
 \_\_\_\_\_  
 Title or Position

3. \_\_\_\_\_  
 Name  
  
 \_\_\_\_\_  
 Title or Position

I certify that the information submitted on this application is true and correct.

\_\_\_\_\_  
 Signature Date

(OVER PLEASE - Complete back of white copy)

1. Answer all questions
2. Mail to Graduate Studies, College of Health and Human Sciences

THIS COLUMN FOR OFFICE USE

**Recommendation of Graduate Studies,  
College of Health and Human Sciences**

- No appointment available  
 Hold for later consideration

Other Information:

\_\_\_\_\_  
 Signature Date

TCU is an equal opportunity university and, as required by Title IX and other laws and regulations, does not discriminate on the basis of sex, race or ethnic origin.

State briefly your academic experience in your intended graduate major. (Include departmental employment, activities, honors, etc., but not course work.)

State briefly your employment record, especially as related to your intended graduate major.

State briefly your vocational goals and interests.

State briefly your financial condition and the extent to which need for financial aid is an element in your request for appointment.