



UNIVERSITY OF
ARKANSAS
GRADUATE SCHOOL

Graduate School Application for Graduate Assistantship

(International applicants seeking a **teaching** assistantship must demonstrate satisfactory English proficiency.
See note on reverse side of this form.)

Legal Name

Last (Surname or Family Name)

First (Given Name)

Middle

Social Security Number (SSN)

____-____-____
(Only if applicable - Note: Social Security Number is a US Tax Identification number)

Date of Birth

____/____/____ _____

Month

Day

Year

Place of Birth

Permanent Home Address

Street Address

Street Address (continued)

City

State or Province

Zip or Postal Code

County (if in the United States)

Country

Sex Male
 Female

Please indicate if you are:

Hispanic or Latino Yes No

Please select one or more of the following, as applicable:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Citizenship

- US Citizen
- Resident Alien (Immigrant)
(MUST submit copy of Resident Alien Card with application)
Country of Citizenship

- Non-Resident Alien
Visa Type

Country of Citizenship

Current Mailing Address (From/To / / - / /)

Street Address

Street Address (continued...)

City

State or Province

Zip or Postal Code

County (if in the United States)

Country

Is English your native language?

Yes No

Physical disabilities which will require special accommodation:

Contact Information

Email: _____

Home Phone: () _____ - _____
Area Code

Cell Phone: () _____ - _____
Area Code

Work Phone: () _____ - _____
Area Code

Graduate Degree/Program Information

Degree: _____

Department: _____

Semester Applying For: _____ 20 ____

Colleges Attended List in chronological order (most recent first) all colleges and universities ever attended:	Dates Attended				Degree Conferred
	From		To		
	Month	Year	Month	Year	

The University of Arkansas provides educational opportunities to all qualified students regardless of their economic or social status and will not discriminate on the basis of race, color, sex, creed, sexual orientation, disability, veteran's status, age, marital or parental status, or national origin.

**COMPLETE
OTHER SIDE**

Three (3) letters of recommendation are required from students applying for an assistantship. If you have previously submitted letters of recommendation with your graduate school application you will not need to resubmit for assistantship consideration unless required by the assistantship sponsor. Please provide the names and contact information for three (3) people who will be providing letters of recommendation on your behalf.

1)

2)

3)

Please provide the following in support of the Application for Graduate Assistantship:

1) Official transcript(s) of your academic record to accompany this application.

2) A statement of academic purpose concerning your plans for graduate study.

3) A résumé or CV listing experience (professional, teaching, previous assistantships), education, extracurricular activities and scholastic honors and any publications you may have.

Note regarding international applicants seeking a Teaching Assistantship: International applicants who would like to be considered for an assistantship in which the duties will involve teaching or mentoring students must demonstrate satisfactory proficiency in spoken English by presenting a 26 or above on the spoken portion of the internet based TOEFL (iBT) exam, a 7.0 or above on the spoken portion of the International English Language Testing System (IELTS), or a pass on the University of Arkansas Spoken Language Proficiency Test (SLPT).

This application does not constitute an application for admission to the University of Arkansas Graduate School. A separate application must be submitted for admission consideration. To obtain an application, please see the contact information below. You can fill out an application online, download the form or request that one be mailed to you. Also, the sponsor of the assistantship may ask that you provide additional information.

I hereby affirm that all information supplied on this form and within all the supporting documents is complete and accurate. I agree to inform the Graduate School of any change in my plans to attend the University of Arkansas. I understand that withholding information requested or giving false information may make me ineligible for admission, enrollment, and a graduate assistantship.

Signed _____ Date _____

RETURN THIS APPLICATION TO THE DEPARTMENT IN WHICH YOU WISH TO WORK. **Office of Graduate and International Recruitment and Admissions**
340 N. Campus Drive/ Ozark Hall 213
1 University of Arkansas
Fayetteville, AR 72701

1 (479) 575- 6246 ♦ Toll Free: 1-866-234-3957 ♦ Fax 1 (479) 575 - 5246
gradinfo@uark.edu ♦ grad.uark.edu