APPLICATION FOR GRADUATE ASSISTANTSHIP  
SIUC - REHABILITATION INSTITUTE  
COMMUNICATION DISORDERS & SCIENCES

Name:  _______________________________  ID#:  ___________________  Date:  ________________

Address:  _______________________________________________________________
          _______________________________________________________________

E-mail address:  __________________________________________________________

Graduate Assistantship Term for which you are applying:

- Fall  __________
- Spring  __________

Have you been admitted to an academic program?

- Yes  __________
- No  __________

If you have not been admitted, when did you apply?

Program:  
- Communication Disorders and Sciences (CDS)  
- Masters  
- Doctoral

If admitted to another department, please give information below:

Department:  ____________________________________________________________

If you currently hold or have held an assistantship in another department, please give information below:

Department:  ____________________________________________________________
Percentage of time:  __________

Dates of Assistantship:  __________________________________________________

- Masters  
- Doctoral

Application Materials:  
1. Letter of Application
2. Resume
3. Contact information for three professional references
4. Brief Statement of financial need (Optional)

Please mail this form and application materials to:

Sheila Dingrado, CDS Program Assistant  
SIUC - Rehabilitation Institute  
Rehn Hall, Rm 308, MC4609  
1025 Lincoln Dr.  
Carbondale, IL 62901

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