Department of Kinesiology  
Southern Illinois University Carbondale  

**Application for Research Assistantship**

Name ____________________________________________

Graduate Specialization _____________________________________________

Advisor _______________________________________________________

Application for: Fall 20 ________ Spring 20 _________ Summer 20 _________

Undergraduate GPA ___________ Graduate GPA ___________

List each employer (start with the most recent):

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<th>Employer</th>
<th>Location</th>
<th>Position</th>
<th>Dates (to/from)</th>
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List pertinent work experience: ____________________________________________________
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List research experience: _________________________________________________________
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List your research interests: ______________________________________________________
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List specific research skills/coursework: _____________________________________________
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If you need additional space, please use the back of this form.

Is there a specific faculty member with whom you are interested in working?

________________________________________

(This application will not be considered unless signed and dated.)

I understand that withholding information requested on this application or giving false
information may make me ineligible for an assistantship. I certify that the above statements are,
to the best of my knowledge, complete and correct.

Signature: ________________________________  Date: ____________________