

DEPARTMENT OF PUBLIC HEALTH AND RECREATION PROFESSIONS PULLIAM HALL, ROOM 307 MAIL CODE 4632 475 CLOCKTOWER DRIVE CARBONDALE, ILLINOIS 62901 618/453-2777 618/453-1829 FAX

phrp.siu.edu

GRADUATE ASSISTANT APPLICATION

Name: (Last, First, MI)		Student ID# (Dawg Tag #) SIU	Date:			
Local Address:						
Permanent Address:						
Phone:		Email:				
Preferred Contact Method: o Phone o Email	Degree(s) and or Certificates:					
Have you ever held a Graduate assi	stantship position at S	IU Carbondale? • Yes •	No			
If so, which semester and years we	re these held?					
Have you been accepted by the Gra	aduate School? o	Yes O No				
Which program are you in?	○ PhD ○ MPH	○ MPH/PhD ○ MPH/MD	o MPH/MedPrep			
Graduate program entry date: If not yet accepted into a program,	to which will you be a	applying?				
Please indicate which assists	antship(s) you are inte	rested in:				
□ Teaching	□ Research	□ Community	Promotion			
Please provide the names an	d phone numbers of the	nree (3) references.				
1						
2						
3						

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•	Describe your work and/or volunteer experience related to Public Health programs.				
•	What are you passionate about (e.g. movies, gardening, traveling, etc.)?				
•	Describe your personal/professional interest in health education.				
•	What does public health education mean to you?				

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•	Describe you	r experience in	n teaching and	or public s	neaking.

• Describe your experience with research.