

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

Name: _____ ID#: _____ Date: _____

Address: _____ Ho/Cell Phone: _____
_____ Work Phone: _____

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: _____ Masters Doctoral

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

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