



GRADUATE ASSISTANTSHIP APPLICATION

Legal Name	Last	First	Middle	Other Names on Transcript
Social Security Number		Birthdate (M/D/Y)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Mailing Address				
Street Address			City	
State/Country				
Zip Code		Telephone ()		Daytime Telephone ()

PLEASE DESCRIBE YOUR SKILLS IN THE FOLLOWING AREAS
Typing
Clerical
Receptionist
Bookkeeping
Computer
Library
Research
Other

On a separate sheet of paper, briefly describe your financial situation and give reasons for needing this assistantship.

Please submit all materials to:

Richmont Graduate University
1900 The Exchange SE
Building 100
404-233-3949