



Application for Fellowship and/or Assistantship

This application is to be printed out, completed by assistantship and fellowship applicants only and mailed to the above address. Washington State University is an Equal Opportunity Employer

Full Name:					
(Last) Social Security #:		(First)	Telephone Numbe	(Mid r:	dle)
				(Area Code)	
Present Address: (Street)			(City)	(State) (Zip Code)
Are you a citizen of the U.S.A.	? Yes N	Io ☐ Cou	(If other than t	Type of V	Visa
How do you plan to finance you Research Assistantship			rsonal Funds ssified Staff	Teaching Assistan Other, Specify:	tship 🗌
Major and minor subjects in uno Major and minor subjects in gra		Major: Major:		Minor: Minor:	
Describe any teaching, research which you are applying.	, or other work that yo			•	or the position for
List any academic honors you h	nave received.				
List any documents sent in supp	port of this application	(publication	s, important papers,	etc.)	
List three persons whom you hat writers to the department chair. Name		ers in support Addres		(Letters of recomm	endation must be sent by the Position
	<u> </u>			·	
State the period for which you a					
I hereby certify that the above is	nformation is complet	e and correct			
			Signature of	Applicant	Date